



WASHINGTON STATE  
*Family Home*  
*Child Care*  
LICENSING GUIDE



Washington State Department of  
Early Learning



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## Earlier Guides, Policies and Forms

This guide is based on the work of the authors of the previous state of Washington licensed center and family home child care guidebooks. Thank you to the work of Cheri Raff and Gloria Price of Centralia C.C. (*Child Care Center Licensing Guidebook*, 2006) and Gregory Nelson, and Suzanne Haggard (*An Adult Sized Guide to Child Sized Environments*, 1995, 2003).

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## Washington State Department of Early Learning

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# A Resource for Family Home Child Care (FHCC)

The Washington State Family Home Child Care (FHCC) Licensing Guide:

- Is a resource and guide to FHCC licensing standards and a product of a collaborative, statewide effort of stakeholders, led by the Washington State Department of Early Learning (DEL).
- Contains ideas and suggestions for including best practices to achieve healthy, safe environments to promote the development and learning of all children.
- Is based on FHCC licensing standards in the form of state rules (Washington Administrative Code or WAC) and state law (Revised Code of Washington or RCW).
- Is organized to help you understand FHCC licensing rules and laws. The licensing standards are discussed to help you find ways to meet them and document your practices.
- Includes resources, such as forms, policies and sources of support and education.
- **Does not replace reading the standards for yourself and consulting with your DEL licensor.**

**WHAT?** The rules (WAC) and laws (RCW) in a specific area of FHCC licensing.

**WHY?** The purpose or intent of a standard for care. When applicable, relates the standard to the *Washington State Early Learning and Development Guidelines* (2012), and to other professional health and safety resources, such as *Caring for Our Children*<sup>1</sup>.

**HOW?** Offers suggestions for how to prepare to meet initial licensing standards and ways to maintain a high-quality FHCC program. Includes links to DEL forms and to other sources of early childhood information.

**WHERE?** Provides ways to locate resources, information and support to enhance the quality of a FHCC program. Offers ways to think about and solve common child care practice issues with research-based strategies and tools.

**WHEN?** Offers reflective questions to encourage you to make a professional development plan to increase your knowledge, skills, and abilities in relevant professional areas.

**WHO?** This guide is written for you, the FHCC professional. This resource may also be of interest to families, other caregivers and other professionals who nurture the first out-of-home relationships between families, caregivers and young children.

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<sup>1</sup> American Academy of Pediatrics, 2011.

# Your Key to Guide Features

## DEFINITIONS OF LICENSING TERMS AND RESOURCES

Licensing terms are defined at the end of **Section One: The Licensing Process**.

**Resources** are noted throughout the Guide sections with the topic being discussed. The most frequently cited resources and a glossary of additional early childhood education terms are compiled in **Section Seven: Resources**.

## WACS AND RCWS

Unlike past licensing guidebooks, this guide does not reprint the WACs and RCWs. Online readers may refer to the links in **Section Seven under Contents by WAC**.” FHCC licensing chapter [170-296A](#) may also be retrieved at [www.del.wa.gov/laws/rules/licensing.aspx](http://www.del.wa.gov/laws/rules/licensing.aspx).

## INTERNET RESOURCES

Every effort has been made to provide accurate Internet addresses. However, links change frequently, so some of the weblinks listed in this guide may change. It is suggested that if a link does not connect you to the expected web address, that you should copy and paste the title into your Internet browser to obtain the current link. DEL will make every effort to update this document periodically. Refer also to the DEL website for additional and updated resources.

## A LIVING DOCUMENT

If you have suggestions for additional helpful professional resources or ideas for more ways to meet licensing standards and support children’s learning and development, please send your comments to DEL. Your suggestions will offer future editions of this guide additional knowledge and perspectives of the dedicated and diverse community of family home child care (FHCC) and related professionals in Washington state.

## PLEASE COMMENT:

Mail, fax or email comments  
(subject line – *FHCC Guide comments*) to:

### Washington State Department of Early Learning

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Website: [www.del.wa.gov](http://www.del.wa.gov)

# What is best for children in FHCC settings?

## HIGHLIGHTS OF THE UPDATED FHCC STANDARDS

Updated FHCC rules took effect on March 31 2012, after several years of negotiated rule-making focused on the question, “***What is best for children in FHCC settings?***” From January 2007 to December 2009, a negotiated rule-making team comprised of FHCC providers and union representatives, health and safety experts, parents, licensing staff and others reviewed existing FHCC rules and laws, national child care health and safety research, and other state’s rules. The team also had discussions with content experts. From May through September 2010, DEL reviewed the recommended changes, public input and other research, and began drafting the rules. DEL then revised the FHCC rules as required by the Legislature. In general, the revised rules:

- Increase education, and ongoing professional development standards for licensed FHCC providers and their staff.
- Enhance standards for playground safety, food service, cribs, emergency preparedness, nurture and guidance, and screen time.
- Provide an annual non-expiring full license process, which replaces the three-year license renewals.
- Include new portable background check requirements.
- Are less prescriptive in how providers meet standards.
- Clarify fire escape provisions from the previous rules.
- Require a higher level of communication with families regarding the child’s development and the licensed provider’s child care philosophy.
- Provide more clarity to support increased consistency in interpretation and application than the previous FHCC standards.

## Resources:

- FHCC licensing documents related to the FHCC standards revision are available at: [www.del.wa.gov/publications/laws](http://www.del.wa.gov/publications/laws).
- National Association for Regulatory Administrators. (2011, May). *Strong Licensing: The Foundation for a Quality Early Care and Education System: Research Based Preliminary Principles and Suggestions to Strengthen Requirements and Enforcement for Licensed Child Care* may be retrieved at: [http://naralicensing.org/Strong\\_Licensing](http://naralicensing.org/Strong_Licensing)

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# 1. FAMILY HOME CHILD CARE LICENSING

In this section you will learn about:

- Authority, Responsibility & Intent of FHCC Licensing
- Deciding If FHCC is Right for You
- The Licensing Process
- Steps to Becoming Licensed and Opening a FHCC
- Planning For Your Continuing Professional Development
- Your Responsibilities As A FHCC Provider
- Determining Your Child Care Capacity
- Supervision, Capacity and Ratio
- Initial, Nonexpiring and Probationary Licenses
- State Child Care Subsidy Program
- Initial Licensing Application
- Enforcement of Licensing Standards
- Definitions Used in FHCC Licensing

*“... know that you are helping to shape the adults of the future.”*

The first out-of-home relationships between families, caregivers and young children are important. This guide is designed to support the family home child care (FHCC) professional and to be a resource for families and others who care and educate our youngest children.

## **What is family home child care?**

Licensed family home child care (FHCC) providers offer care for children in the provider's home. Depending on their license, FHCC providers may care for up to 12 children through 12 years of age.

## **Do I need a license?**

If you are caring for children **not related to you, in your home, and the care is provided on a regular and ongoing basis**, you need an FHCC license. Some caregivers do not need a license. Those include family, friends and neighbors who provide occasional care or those who care for preschool children for fewer than four hours a day (See: [WAC 170-296A-1025](#)).

### **You must be licensed to care for children if any of the following apply:**

- Care is provided in your home and outside the child's home on a regular and ongoing basis for one or more children not related to you, or
- You provide care in your home for preschool-age children for more than four hours a day.

*“If you are thinking of starting a child care business, really think hard. The longer you are licensed the better you will become..... Really think about how many children you can take care of by yourself and with a helper. Consider what the local rates are and how much it will cost you for a helper, toys, diapers/wipes, arts & crafts supplies, office supplies, cleaning supplies, furniture, utilities, space in your home, accounting expenses, training expenses, and licensing expenses. All of these factors should be shown in your rates. And most of all, do not feel guilty for accepting money to do a job you love. You are worth it!!!”*

# Authority, Responsibility & Intent of FHCC Licensing

## *What gives DEL authority to license FHCC?*

DEL has the responsibility to set and enforce licensing requirements and standards.

**Authority (WAC [170-296A-0001](#)).** DEL was established in 2006. Chapter 43.215 RCW establishes the department's responsibility and authority to set and enforce licensing requirements and standards for licensed child care agencies in Washington state, including the authority to adopt rules to implement chapter [43.215](#) RCW.



## *What is the intent of FHCC licensing?*

**Intent (WAC [170-296A-0005](#)).** The FHCC WACs reflect DEL's commitment to high-quality early learning experiences for children, and promoting the health, safety, and positive development of children receiving care in a licensed family home setting.

DEL also is responsible for offering technical assistance to interested, new and established FHCC providers in order to meet the expectations of the standards. This guide provides resources throughout the sections and other links to local community supports for professional development and needed information. Adults who care for and educate young children need support to help them provide care that is safe and healthy, and promotes learning.

## Resource

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FHCC licensing standards are referred to in this guide in the form of state rules (Washington Administrative Code or WAC) and state law (Revised Code of Washington or RCW). Refer to DEL child care licensing rules and laws at [www.del.wa.gov/laws/rules/licensing.aspx](http://www.del.wa.gov/laws/rules/licensing.aspx).

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# Deciding If FHCC is Right for You

## *What strengths, interests, abilities, skills and knowledge do I have?*

A very important part of the process of investigating FHCC as a profession, and as a business, is to first decide, “Is this the right job for me?” Caring for children is not a profession to choose by default or because your first choice is not available. Being a FHCC provider requires you to provide consistent, nurturing and engaging environments and interactions that promote development, learning, health and safety. Consider what you know about yourself and the feedback others have given you over time. Would you describe yourself as having the strengths necessary for the helping and education professions? What other strengths or areas for growth come to your mind after reading the following list?



### **Past experiences and ways of interacting with others that support FHCC professionals to succeed in a care and education role**

#### **Reliable and responsible**

- Predictable and reliable
- Persistent, even when faced with challenges
- Able to model what you hope to see others do
- Able to maintain safe and healthy environments for children and adults

#### **Enjoys learning /supporting others**

- Curious
- Willing to examine contradictions in your practices and ideas
- Lifelong learner interested in gaining the knowledge, skills and abilities needed to promote development and learning in yourself and others

#### **Values relationships**

- Caring and sensitive
- Responsive
- Collaborative; values human diversity
- Observant; seeks to understand
- Empathetic listener

#### **Able to problem solve with others**

- Able to see many ways to do things
- Willing to hear others' perspectives
- Able to repair relationships after conflict occurs



## *If I have a strong interest and I am willing to grow my abilities, skills and knowledge, do I want to do this as a FHCC business?*

Licensed FHCC providers are business owners. Providing child care is very rewarding and often challenging. Here are some important things to think about when deciding whether owning and operating a FHCC is the right job for you. Note

your strengths, areas of concern or questions. You will be able to discuss your questions with your licensor during an orientation session. You may also locate resources to answer your questions in this guide.

### *Reflect*

<b>CHILD CARE AND EDUCATION AS A CAREER</b>  Do you enjoy being around children and facilitating their play? Can you set guidelines for children and adults while maintaining respectful and enjoyable relationships?  Do you have rewarding experiences caring for children that made you feel successful?  Do you want to continue to develop your knowledge and practices of how to support children's development and learning? Are you willing to meet the state training and education standards for FHCC providers?	<b>VALUE DIVERSITY AND RELATIONSHIPS</b>  Are you open to a diversity of families' cultures, languages, ethnicities and lifestyles?  Do you value diversity and want to support children to have a strong and positive view of themselves and their family?  Are you committed to meeting the individual needs and advocating for all children, including children with special needs?  Do you value partnering with families even when it is challenging?  Do you know your community, and understand the culture and/ or speak the language of families needing child care? Are you willing to strive to be responsive to family diversity?
<b>HEALTH AND WELLNESS</b>  Do you have the health and energy needed to care for and educate active young children? How do you feel about spending long hours with multiple children during the week?  How do you plan to take care of yourself both physically and emotionally or to "recharge your battery" after a long day caring for young children?	<b>CARING FOR YOUR FAMILY</b>  How do your spouse/partner and family feel about you offering child care in your home?  Do you have a plan for if your own children get sick?  Do you know people who can support you if you need help with family responsibilities?

<p><b>RUNNING A SMALL BUSINESS</b></p> <p>Do you like being your own boss and working at home? Are you an organized record-keeper? Are you willing to seek help from accounting or business specialists as needed?</p> <p>Do you have the ability to be flexible and go with the flow of a long and sometimes unpredictable day with young children?</p> <p>Is there a need for child care in your community?</p>	<p><b>WORKING AND LIVING IN THE SAME SPACE</b></p> <p>Is your family willing to have parts of their home used as child care space? If your family needs to give up some common areas in your home, will they be able to find alternative spaces to use?</p> <p>How do you feel about your ability to balance your private life and professional child care responsibilities?</p> <p>Are you excited to be in the field of early care and education, or do you wish you could be doing something else?</p>
<p><b>CREATING CARE AND EDUCATION SPACES</b></p> <p>Are you creative and resourceful in planning children's experiences?</p> <p>Do you have an outdoor play area at your home that you are willing and able to fence? Is your home able to meet child care regulations including fire, safety, health requirements?</p>	<p><b>FAMILY FEELINGS ABOUT SHARING SPACES</b></p> <p>Will your children understand that you will be giving a lot of attention to other children?</p> <p>Will your children be able to share their space and toys? If not, do you have enough space and materials to supply home and child care areas separately?</p>
<p><b>YOUR BACKGROUND CLEARANCE</b></p> <p>Can you pass a criminal background check?</p> <p>Are you willing to make your business open to public disclosure? The public will have access to your child care licensing file.</p>	<p><b>BACKGROUND CLEARANCE OF FAMILY</b></p> <p>Do any of your household members have a pending or past criminal record that would disqualify them and prevent you from providing FHCC child care? Are you willing to report to your DEL child care licenser any changes in the background status of a family member?</p>
<p><b>FINANCES, CODES &amp; LOCAL ZONING</b></p> <p>Does your neighborhood, local zoning rules or landlord allow you to run a business from your home?</p> <p>Do you have a plan and funding to start your own business, which takes into consideration purchasing equipment, paying for licensing fees, and any remodeling you may need to do?</p>	<p><b>PEOPLE &amp; PARTNERING SKILLS</b></p> <p>Are you able to communicate effectively and comfortably with children and their families?</p> <p>Do you respect families' decisions and values?</p> <p>Are you willing to seek needed information from a variety of state agencies, fellow child care providers and other professionals to solve business or caregiving dilemmas?</p>



## REFLECT

Why does FHCC appeal to you? If families considering leaving their child in your care heard your answer, would it reassure them that you were the right caregiver for their child?

Do you think you have the characteristics of successful FHCC providers? Are you willing to partner with others in order to learn what to do?

What areas do you need more information, education or support in order to understand them better?

(For example, operating a small business, caring for and educating young children, preparing a healthy and safe environment, balancing home and work life)

Do you have child care experience and know what care and experiences children need?

Have you been in a position of responsibility before?

Are you willing to work long hours if necessary?

If you still think this is the right job for you, verify that feeling by imagining a parent (your future client and partner in care) or a banker (who is considering giving you a loan) asking you the following questions. A sample response from a FHCC provider is provided after each question. Your answers may be very different but should reassure families and someone evaluating your business that you are capable, responsible and dedicated to providing high-quality care for young children.

## Reflect

**Career Question: Why do you want to be a FHCC provider? What do you value?**

- “I have been successful caring for many children as a parent, and have worked in ‘people’ businesses all my life. I feel I can make a difference for families and children by providing a nurturing, safe and engaging environment set up for the ages, interests and needs of young children. I believe all children are capable when they feel safe and supported. I want to support a small group of children to learn through play and small group activities. My special interest is music and we will sing, explore sounds, and move and dance every

day! I took several early childhood classes last year and feel ready to open a child care for several children 5 years and younger.”

**Business Question: How did you learn what child care needs exist in your local community?**

- “I have occasionally cared for my neighbor’s children and they asked me if I would consider taking the children every day when they work. I checked that out and discovered I needed to be licensed. This led me to go to learn that many families in my neighborhood can’t find care for their toddlers and preschoolers. I got excited thinking that I could earn more money for my family while doing what I love and feel I am good at: caring for young children.”

**Philosophy Question: What do you believe about how children learn and what they need? What did your family or other important people in your life teach you about what children need to grow and learn?**

- “I believe young children learn most from their families, who are their first and most important teachers. When children are in my care, we actively learn through exploring interesting materials and toys, talking about

what we are doing, and building a strong and positive relationship. Children learn best in environments that are set up to fit their age and interests, and reflect their families' values and backgrounds. Everything is related for children; they are learning how to get along and growing physically and intellectually all at the same time! My family has strong traditions from our Latino heritage. I want to learn what parents want for their children and support their values and practices."

Save your answers to these questions. They will be helpful when you write your program philosophy statement before opening your FHCC. If you found it challenging to answer how children learn, look at the *Washington State Early Learning and Development Guidelines* (2012) for inspiration at [www.del.wa.gov/development/guidelines](http://www.del.wa.gov/development/guidelines).

## Resource

A comprehensive list of resources may be found in Section Seven at the end of the guide. The following are two resources that many FHCC providers suggest are helpful places to begin to gather needed

support and information for starting your FHCC business.

### Washington State Family Child Care Association (WSFCCA)

[www.wsfcca.com](http://www.wsfcca.com)

The nonprofit WSFCCA is one way to meet FHCC providers as you are deciding if this profession is the right one for you. The association states on its website:

*"The purpose of the Association is to educate, protect and give status to family child care providers. Through publications, meetings, training and networking, child care providers are kept informed of issues pertaining to child care. The Association is a means of bringing the concerns and voices of all providers together in order to share ideas, resources, and to problem solve. Each chapter reflects the diverse issues of the providers in that area."*

### SCORE

[www.score.org](http://www.score.org)

SCORE is a 50-year-old nonprofit association dedicated to helping small businesses get off the ground, grow and achieve their goals through education and mentorship. Find a local chapter in your area by inserting your zip code into the chapter finder on the website.

*"Get into the child care business for the love of kids and the impact you can make on them that will help them develop into the people they are destined to be. Be that positive impact that will make a difference in their life. The greatest satisfaction in this business is when a child comes back to your home many years later and thanks you for all you did for and with them while they were in your care. That makes all you deal with in this business worthwhile!!"*



# The Licensing Process

## Why should I get licensed?

Getting a child care license shows families that you meet the state standards to help ensure children are in a safe and healthy environment. As a licensed FHCC provider, you will have training and support to help you as a business owner.

## Do I need a license?

As noted in the beginning of this section, if you are caring for children **not related to you, in your home, and the care is provided on a regular and ongoing basis**, you need a FHCC license.

A license is not required if family, friends and neighbors provide occasional care or if a preschool child receives care for fewer than four hours a day (WAC [170-296A-1025](#)).



### You must be licensed to care for children if any of the following apply:

Care is provided in your home and outside the child's home on a regular and ongoing basis for one or more children not related to you (the licensee) or care is provided in the individual's home for preschool-age children for more than four hours a day.

## What is certification?

Child care programs that are regulated or operated by an Indian tribe or the military (federal Department of Defense) are exempt from Washington state child care licensing. These programs may request to be certified in order to qualify for child care subsidy payments for eligible low-income families (WAC [170-296A-1100](#)), or to verify that they meet state licensing standards.

The Licensee  
and StaffCare and Education  
of Young Children

Environments

Health, Safety  
and NutritionRecordkeeping, Reporting,  
Posting and Policies

Resources

## The licensing process: How do I get licensed?

Start by going to an orientation session. You can find a session near you by calling your local DEL office or the toll-free line at 1.866.482.4325. You can also go online to [www.del.wa.gov/about/contact.aspx](http://www.del.wa.gov/about/contact.aspx). An orientation will help you decide if you want to apply for a FHCC license.

## Resource

As you read this first section, refer to the **DEL family home checklist** available on the DEL website. It lists all of the requirements that your DEL licensor will check for compliance when you are ready for a home licensing visit. This visit will occur after you have completed a licensing orientation session and have applied for your initial license. Refer to the checklist to be sure you understand all of the standards listed on the form.

### Department of Early Learning (DEL) - Family home checklist

[www.del.wa.gov/publications/licensing/docs/FHLChecklist.pdf](http://www.del.wa.gov/publications/licensing/docs/FHLChecklist.pdf)

## Orientation session (WAC 170-296A-1125)

At an orientation session, you will learn:

- How to get licensed.
- State rules (WACs) to help make sure you offer safe, healthy care.
- Home requirements (physical space and conditions).
- Program requirements to support child development and learning.
- Child care subsidy programs and how providers may be reimbursed.
- The licensing process: application, background checks, family home checklist,

types of licenses, and licensee and staff qualifications.

- Training and education requirements.
- The Managed Education and Registry Information Tool (MERIT) for finding education opportunities, accessing information on career pathways, and tracking individual career progress.
- Local resources to help you succeed as a small business owner and licensed child care provider. These include:
  - Child and Adult Care Food Programs (CACFP)
  - Local health department and fire safety resources
  - Department of Social and Health Services
  - Information on the Service Employees International Union (SEIU) 925, which represents FHCC providers in Washington
  - Higher education and training resources
  - Child Care Aware training and services
  - Washington Early Achievers, a voluntary quality rating and improvement system that offers coaching, training, technical assistance and financial incentives for FHCC providers to improve the quality of child care.

At the orientation, you will be encouraged to think about why you want to provide child care and asked to assess your business skills and abilities to work with children; your determination, experiences and finances; and the suitability of your home to be used as child care space.

You will also receive an application packet at the session. You can ask questions about the application process at this session, or you can call your local DEL office. Once you send in your finished application, a DEL licensor will work with you to review your plan, visit your facility and complete the licensing process. DEL has 90 days to respond to your application and decide whether to issue you a child care license.

## Community need

To learn if families need child care in your area, talk with other child care providers. Child Care Aware has information on the number and type of child care slots in your community, as well as the number of children and their ages. You might also contact major employers, local schools and other community groups. Gathering information will help you evaluate if there is enough need for child care, the ages of children you want to serve, and the hours you plan to operate.

Even if you personally know several families who require care now, it is wise to see if there is a general need in your area. Knowing your community will help you learn where families requiring child care live, work, go to school and travel from home to work. Being armed with information will help you figure out if your child care will be able to attract the number of families you require to stay in business and remain financially solvent. This information is also valuable if you decide to apply for a small loan for your child care business.

You might also talk with local churches, stores, doctor offices and neighborhood associations or other local institutions where families may be found. Use your local library as a resource for ways to research family demographics in your area, including:

- Ages of children in your area.
- Occupations of adult family members in your area.

In addition, consider going to the following resources to gather more information:

- Contact your city/county planning and zoning departments for any plans for new child care programs in your area.
- Contact your local chamber of commerce or small business organization to learn the employee child care needs being felt by the business community.
- Contact local builders and realtors to find out how they perceive the future family population to grow or decrease in the next few years.

*“I think family home child care can be the very best form of child care . There is the opportunity for the kids to be really loved and treated as an individual, not just another (two or 10)-year old. They have the comfort of normal furniture, mixed ages.....(in a welcoming home).”*



## Developing a marketing plan

Consider using the questions below to interview successful and experienced FHCC providers in your area. Then decide how you hope to answer these questions after being in business for a month.

Add anything else you want to learn to these basic questions.

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### Marketing Plan Questions for FHCC Providers In My Area

**1. What child care needs are you meeting?** Circle all that apply.

- *Family child care schedule:* Full-day, part-day, drop-in, evening, weekend care, other (list)
- *Ages and numbers of children in care:* Infant, toddler, preschool, before- and after-school care, other (list)
- *Other child care characteristics or features that meet local parent needs* (list):

**2. When parents request information, what schedule or hours do they request?**

**3. What are the pros and cons of the child care schedules and ages you serve? If you were to change something about the schedules,**

**ages or other family plans accepted by your program, what would it be?**

**4. What ages, schedules and program features work best for you personally (to fit your philosophy, work/family life and your skills, knowledge and interests)?**

**5. How does the local need for child care match your preferred age group(s), schedules and other preferences?**

**6. Do you find a difference between what families are looking for in FHCC and in child care centers? How do you stress your program's strengths and philosophy to fit your child care market niche?**

Thank you!

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## Determine potential family populations needing child care

- To answer the question, "What families in my area need child care?" begin by calling a Child Care Aware agency or discussing these demographic questions with local churches, stores, doctor offices, neighborhood associations, or other local institutions where families may be found. You might also consider using your local library as a resource for ways to research family demographics in your area, such as:
  - Ages of children
  - Occupations of adult family members
  - Number of child care programs, both centers and FHCCs, in the vicinity of your home
  - Changes that have occurred in local child care programs in the past two to three years, such as programs expanding, getting smaller, or closing.
- In addition, consider going to the following resources to gather more information:
  - Contact your city/county planning and zoning departments for any plans for new child care programs in your area.



- Contact your local chamber of commerce or small business organization to learn the employee child care needs being felt by the business community.
- Contact local builders and realtors to find out how they perceive the future family population to grow or decrease in the next few years.
- When preparing to open a FHCC, it is easy to become consumed with the tasks you must complete. Remember to take a step back and consider how your FHCC business is perceived by the community you want to serve. When creating your marketing plan, consider the following:
  - What do you want your image to be?
  - How do your fees compare with other programs in your area?
  - Do you have a website or other ways for families that need child care to learn about you? Have you investigated social media and other ways that will best reach families looking for FHCC?
  - Child Care Aware will enter any new FHCC business information into a database for families once the child care is licensed by DEL.

## Local zoning ordinances and codes

In order to meet local building, land use, and zoning requirements, you will need to learn about and comply with relevant city ordinances and county codes. Local business requirements vary around the state. You may need a city business license--ask at your local city clerk's office. You may need special zoning or conditional use permits--ask at your local planning or building department.

Local officials are responsible for enforcing city or county ordinances and codes, such as zoning, building or environmental health regulations. Local zoning regulations may enforce:

- The location of small businesses such as FHCC in neighborhoods.
- The amount of space required for each child.
- Requirements for a specific type of fence.
- Placement and types of business signs allowed.
- Number of parking spaces required.

Your DEL licenser may be able to help you to learn about local regulations. It is your responsibility to learn about and make a plan to meet local requirements, and to arrange for any needed inspections. Enforcement may include prosecution and fines for failing to meet local ordinances.

*“When I was first looking into being licensed, the prospect of contacting the zoning office was very intimidating to me; however, in reality, it was a very simple process. I just had to contact the city clerk’s office for a city business license. Then I contacted the city planning office to determine that my home was zoned correctly for a family home child care business.”*

– Alexis Harper, *Secure Beginnings*, Bellingham

# State and federal business and tax requirements

## ■ STATE BUSINESS LICENSE

Go to the **State of Washington Business Licensing Service** at <http://bls.dor.wa.gov/file.aspx> to learn how to obtain a business license. Get a state business license and Unified Business Identifier (UBI) number online. This resource walks you through the simple process to obtain a state tax registration number, gives you information about unemployment insurance if you have employees (regulated by the Employment Security Department) and provides you with information about required industrial insurance (regulated by the Department of Labor and Industries).

## ■ FEDERAL BUSINESS TAX INFORMATION

Go to your local **Internal Revenue Service Office** (IRS) or to [www.irs.gov](http://www.irs.gov) and find information on federal taxes, such as:

- Obtaining an Employer Identification Number (EIN)
- Federal income tax withholding, self-employment taxes and estimated tax deposits
- Social security tax (FICA)
- Federal withholding tax (FUTA)

Also, go to the **US Small Business Administration** and review the page titled, “Follow These 10 Steps to Starting a Business” at [www.sba.gov/content/follow-these-steps-starting-business](http://www.sba.gov/content/follow-these-steps-starting-business).

## Site assessment

Based on what you learned from a DEL orientation session, your knowledge of FHCC rules as well as local ordinances and zoning, does it seem that your home is suitable for child care? In general, consider:

- Is your home safe?
- Are fire, police and health services accessible?

- Is a conditional use permit needed in your area to operate a child care business in your home?
- If you are renting, does your landlord allow child care?
- Does your home have adequate kitchen facilities, toilets and sinks?
- Does your home meet building, fire, health and child care regulations? If not, is it affordable for you to bring the home up to code?
- Is enough outside, fenced area available? If not, is an approved playground available that you might request to use?
- Does your home environment support your personal goals to create a high-quality environment for the care and education of young children?

## UNLICENSED SPACE MUST NOT POSE A HAZARD

Parts of your home that are not used for child care are considered unlicensed space. Your DEL licensor will not inspect those areas. However, to help ensure the safety of enrolled children, you must declare that (1) your furnace, (2) any guns and weapons, (3) smoke detectors, and (4) medication storage are in compliance with DEL requirements, even in unlicensed spaces. **WAC 170-296A-1420** requires you to provide a signed and dated declaration, on a department-approved form, to verify compliance with the following requirements:

- The **furnace** area is safe and inaccessible to children, and combustible materials are at least three feet away (**WAC 170-296A-2600**).
- **Guns and weapons** storage (**WAC 170-296A-4725**) is inaccessible to children and in a locked gun safe or locked room. If guns are stored in a locked room, each gun must be stored unloaded and with a trigger lock or other disabling feature.
- **Smoke detectors** are located in each licensed sleeping area, on each level of the home and placed on the ceiling or wall but not on the wall above any door locations. If the licensee's home was built on or after July 1, 2010, a

working carbon monoxide detector must be installed in each area licensed for sleeping or napping. The licensee may use combination smoke/carbon monoxide detectors. One extra battery for each smoke detector and each carbon monoxide detector must be kept on the premises (WAC [170-296A-2950](#)).

- **Medication storage** must comply with the details of WAC [170-296A-3325](#). All medications, as well as vitamins, herbal remedies, dietary supplements and pet medications must be kept in a locked container or cabinet or be inaccessible to children.

See the DEL Licensee Declaration form at [www.del.wa.gov/publications/licensing/docs/UnlicensedUsage.pdf](http://www.del.wa.gov/publications/licensing/docs/UnlicensedUsage.pdf)

The form states:

**Pursuant to WAC [170-296A-1420](#)  
I declare the following are found in  
unlicensed space in my home:**

- The furnace area safety under WAC [170-296A-2600](#)
- Guns and weapons storage under WAC [170-296A-4725](#)
- Smoke detector locations and working conditions under WAC [170-296A-2950](#)
- Medication storage under WAC [170-296A-3325](#)
- I intend to comply with all the requirements for those items I have indicated are in unlicensed space in my home.

I understand that a person may be subject to criminal penalties under Chapter [9A.72](#) RCW for making a materially false written statement.

**Special environmental circumstances**

**Lead and arsenic hazards:** A license applicant who lives in the designated Tacoma smelter plume (portions of King, Pierce and Thurston counties) must contact the state Department of Ecology and complete a signed access agreement for further evaluation of the applicant's property, and possible arsenic and lead soil sampling (WAC [170-296A-1360](#)). This is an example of a possible

environmental hazard being specifically identified by a WAC. Other environmental hazards that must be tested may be identified by local regulations.

**RESOURCES FOR PREPARING  
YOUR HOME FOR LICENSING**

Contact your DEL licensor. You can speak to your licensor at an orientation session or contact the licensor by phone or email.

- Rules (WACs) and laws (RCWs) for FHCC.
- Local zoning ordinances and codes related to FHCC.
- Local health and fire departments.
- Other FHCC providers in your area.

## *Pre-service training, education and documentation required before being licensed*

### **A FHCC licensing applicant must complete:**

- **High school diploma or equivalent education:** New FHCC license applicants must show proof of having earned a high school diploma as a minimum level of education (WAC [170-296A-1725](#)). Currently, licensed FHCC providers must meet the minimum educational level by March 31, 2017 (WAC [170-296A-1735](#)). Acceptable forms of equivalent education include:
  - Passing the general educational development (GED) tests.
  - Completion of 12 years of elementary and secondary education.
  - Possession of a current child development associate (CDA) credential as approved through the Council for Professional Recognition.
  - **Child Care Basics course:** This training is required for family home child care providers or lead teachers before a license will be issued and a program can open for business (WAC [170-296A-1175](#)). Family home child care providers must also take 10 hours of approved continuing education each calendar year. The Child Care Basics course and continuing education options are offered through institutions of higher education, community trainers, and online educators. Washington has a professional development registry, MERIT, that supports child care providers and staff to create their professional development plans, locate course and training offerings, and record their credits and hours. Assistant teachers always under direct supervision of the licensed provider (not left alone with children) are not required but are encouraged to improve their skills through educational offerings.

- Earning a level 3 rating in Early Achievers, Washington's quality rating and improvement system.
- **Health and safety training:**
  - Current first aid and infant, child and adult CPR training certification
  - HIV/AIDS training certification (also known as bloodborne pathogen training)
  - TB test results or documentation as required under WAC [170-296A-1750](#)
  - Current state food handler permit for the licensee and for other staff if required under WAC [170-296A-7675](#) (3).

## **TRAINING AND EDUCATION RESOURCES**

### **Health and Safety Training Resources**

Bloodborne pathogen training courses may be offered by:

- Community and technical colleges
- Health departments
- Hospitals
- American Red Cross. To find the nearest Red Cross office, visit [www.redcross.org](http://www.redcross.org) and enter your zip code under "Your Local Red Cross"

### **Child development associate credential (CDA)**

To learn about the CDA go to the Council for Professional Recognition at [www.cdacouncil.org](http://www.cdacouncil.org). Contact your local community or technical college early childhood department or Child Care Aware for information about CDA offerings in your area. Ask at your local college how the CDA fits into an overall professional development plan leading to degrees and other career options.

### **Early childhood and business education and support relevant to FHCC providers:**

To locate business training see Community and Technical Colleges and for business education check MERIT's online calendar and search "Program Planning and Development" (under core competencies) to locate business training in local communities.

## State of Washington child care quality improvement initiatives

### EARLY ACHIEVERS

Early Achievers is a key strategy in Washington's statewide Early Learning Plan to improve the quality of early care and education in the state. Early achievers is voluntary and free to child care providers, and offers coaching, training technical assistance and financial incentives to improve the quality of a child care or early learning program. Beginning in 2013, ratings for participating child care programs will be available through DEL's website.

#### Why should I participate?

#### What are the incentives?

Programs receive:

- **Financial incentives:** Small, increasing monetary awards for attaining higher rating levels. Awards are used to carry out Quality improvement Plans designed in collaboration with a coach.
- **Tiered subsidy reimbursement:** Programs that attain higher Early Achievers ratings may receive higher reimbursements in the future.
- **Professional development incentives and awards:** Early learning staff will receive individual incentives for achieving training and education. Child care programs can increase their ratings by having more highly qualified staff.

#### Early Achievers supports programs

- **Child outcomes:** Care and education that meets each child's individual needs.
- **Environments and interactions:** Programs that are safe, well-organized, and have age-appropriate resources
- **Curriculum and learning:** Supports development of the whole child
- **Family engagement and partnership:**

- Open communication and genuine engagement with families
- Nurturing and supportive relationships between adults and children
- Meaningful efforts to embrace diversity
- **Professional development:** Research shows that increased training and education for early learning professionals relates to higher-quality interactions with and care for children.

Washington's Early Achievers is part of Washington's Quality Rating and Improvement System (QRIS), and uses the following information to measure a program's quality:

- The *Environment Rating Scale* (ERS)- ([ers.fpg.unc.edu](http://ers.fpg.unc.edu))
- The *Classroom Assessment Scoring System* (C.L.A.S.S.)- ([www.teachstone.org](http://www.teachstone.org))
- An evaluation of curriculum, assessment, and staff training and education

**Programs are rated on a scale of one to five.** All licensed (or certified) child care programs are eligible to enroll in Early Achievers and can decide whether they want to participate and achieve higher ratings. All Early Achievers participants must meet Washington's licensing (or certification) standards for health and safety, which is level one.

Child care and early learning providers receive additional coaching, professional development, and incentives to help them continue to improve the quality of their programs and move up the rating scale. To achieve a level two rating, providers should:

- Complete a self-assessment.
- Attend no-cost trainings.
- Become a part of DEL's statewide professional development registry (MERIT).

Programs with higher ratings—levels three through five—have demonstrated a commitment to strong instruction, training for staff, and family engagement to support child outcomes. An independent



evaluation of the pilot program found that when child care providers receive one-on-one coaching and a modest amount of money to make changes to their program, the quality of the care they give children starts to quickly increase.

**Resource:** Learn more about Early Achievers and follow any updated information about the program at [www.del.wa.gov/care/qris](http://www.del.wa.gov/care/qris).

## MERIT

The Managed Education and Registry Information Tool (MERIT) is an online tool used to document and recognize the professional achievements of early care and education and school-age professionals in Washington. MERIT is designed to help professionals find education opportunities, access information on career pathways, and track individual career progress. MERIT also identifies state-approved professional development instructors who provide education to early learning professionals. MERIT is designed for all those who work with young children and their families in an early care and education or school-age program, including:

- Family home child care providers
- Child care center providers
- Early Childhood Education and Assistance Program (ECEAP) teachers
- Head Start teachers
- School-age providers
- Administrators, including facility directors and program supervisors

**Keep track of your resume:** MERIT provides an online tool to keep track of your ongoing education and training, and will help you plan your future career path. Participation in MERIT will help you:

- Document your education and training experience in one place.
- Build a professional resume and plan your future education and career goals.
- Find training opportunities by state-approved educators with expertise and skill.

**Professional development:** Registration in MERIT will also allow you to use verified information in your professional record to participate in various child care quality initiatives. In 2012, Washington won a Race to the Top-Early Learning Challenge (RTT-ELC) grant from the federal government that will support scholarships, education and mentoring and coaching opportunities for early learning professionals. See information on the Washington voluntary Quality Rating and Improvement System (QRIS), called Early Achievers, at [del.wa.gov/publications/elac-qris/docs/EA\\_coach\\_framework.pdf](http://del.wa.gov/publications/elac-qris/docs/EA_coach_framework.pdf)

## Background checks

### 1) Portable background checks

MERIT is the first step in the online background check process. First learn how to obtain a MERIT user identification and password at the DEL website at: [www.del.wa.gov/publications/licensing/docs/MERIT\\_ProviderManual.pdf](http://www.del.wa.gov/publications/licensing/docs/MERIT_ProviderManual.pdf).

Contact a local DEL licensing office if you are unable to complete the online application process. They will provide you with instructions on submitting a paper application.

By registering in MERIT, you will be able to complete all required background checks online. A DEL background check is required and a clearance (authorization) obtained for each of the following people in your FHCC:

- The licensee.
- Each new staff person or volunteer age 16 or older.
- Each individual age 16 or older residing in the home.
- Each individual age 16 or older who moves into the home.
- Any individual age 16 or older who may have unsupervised access to children in care (**WAC 170-296A-1200**).

As of 2012-2013, the fee for an online DEL background check is \$12. Once you register in MERIT and complete all of the information requested, you will begin the online portable background check process. You will then receive an email telling you

your application has been received. Additional emails will follow as your information is processed by DEL. You will later be notified, also via email,

if FBI fingerprints are also required. Here is an example of the notification process.

Dear Monica Miller:

MERIT Username: \_\_\_\_\_

STARS ID: \_\_\_\_\_

Your application for the Portable Background Check has been successfully submitted. Please note that you may need to complete the fingerprint identification process. If fingerprints are required, you will receive a separate email with attached instructions.

Beginning July 1, 2012, fingerprints are required for all individuals that are 16 years of age or older and new to child care. Fingerprints are also required if you have a portable background clearance, move out of Washington and return to child care. The cost of fingerprints is approximately and payable to the vendor when fingerprints are completed.

Usually a background check is completed in less than seven days if fingerprints are not required. If fingerprints are required, a background check may take up to thirty days after you complete the fingerprints.

When the results of your Portable Background Check are completed, they will be posted in your professional record in MERIT and you will receive a notification by email.

You must report within twenty-four hours the following information about you once a portable background check is submitted, regardless of the State where the incident occurred:

- An arrest or pending charges.
- Allegations of child abuse or neglect.

Report this information to 1.866.ENDHARM (1.866.363.4276).

Sincerely, Department of Early Learning



## 2) Fingerprint-based FBI background checks

Any of the people required to have a background check (the licensee, staff persons, persons residing in the home over age 16 or persons with unsupervised access to children in care) who have lived in Washington for fewer than three years must also complete the DEL fingerprint process. **Each individual who seeks a first-time DEL background check must also undergo a fingerprint-based FBI background check (RCW 43.215.215).** As of 2012-13, the fee for fingerprints is approximately \$44 for an early learning position applicant or \$42 for a volunteer in a licensed setting. You will receive an email from MERIT if you need to obtain a fingerprint-based FBI background check. The email will look like this:

Dear Monica Miller,

STARS ID: \_\_\_\_\_

We received your application for the Department of Early Learning (DEL) Portable Background Check (PBC.) You must be fingerprinted to complete the PBC check. Please print out the attached fingerprint appointment form and instructions to schedule an appointment immediately.

If you have any questions, please contact your local Department of Early Learning field office.

Sincerely, Department of Early Learning

## 3) Documentation of background clearance:

The licensee must keep background check clearance (authorization) letters on file for each licensee, primary staff person, assistant, or volunteer who works in the licensed home.

## 4) No background clearance = No unsupervised access to children in care.

The licensee must not allow any individual who has not been authorized by DEL to have unsupervised access to the children in care at any time.

## Noncriminal background checks

Each volunteer or assistant age 14 to 16 years, and each individual who resides in the licensee's home age 13 to 16 years must undergo a noncriminal background check (WAC [170-296A-1225](#)).

## Character, competency and suitability determination

DEL determines if the person is of the appropriate character, suitability, and competence to provide child care and early learning services to children. DEL takes into account any involvement a person has had with child protective services (CPS) or law enforcement agencies in order to learn if there are patterns of conduct, behavior, or inaction that compromised the health, safety, or welfare of a child. This is referred to as a **character, competency and suitability determination**. DEL staff complete the background check process by issuing a final determination of **cleared** or **disqualified**.

**Cleared:** If the applicant is cleared, the applicant will receive a three-year portable background clearance. The card will allow the applicant to work in more than one facility during those three years. Submitting a new background check is not required to work in a new facility.

**Disqualified:** An applicant may be disqualified for the following:

- Subject of CPS investigation.
- A criminal history involving crimes which disqualify a person from working in child care. See **Directors List of Crimes and Negative Actions** at: [www.del.wa.gov/publications/licensing/docs/DEL\\_DirectorsListOfCrimesAndNegativeActions.pdf](http://www.del.wa.gov/publications/licensing/docs/DEL_DirectorsListOfCrimesAndNegativeActions.pdf).
- May not have a criminal background or any substantiated findings from CPS, but may have, for example, had their foster care license revoked for improper care. DEL may then decide that the applicant does not have adequate "character, competency and suitability" to be a child care provider. The process of disqualification, and the due process rights for reconsideration of a disqualification, are

detailed by DEL in **Provider Disqualification** at: [www.del.wa.gov/publications/licensing/docs/ProviderDisqualification.pdf](http://www.del.wa.gov/publications/licensing/docs/ProviderDisqualification.pdf)

### **5) Report new criminal history information to your licenser.**

After you are cleared, you must report within 24 hours any knowledge of new non-conviction and conviction information listed in the crimes found in **WAC 170-06-0120** or reasonably related to the list. This includes any new information about employees, household members or people with unsupervised access to children in your care.

### **6) Annual verification of background checks.**

The licensee must verify annually that each individual who is required to have a background check has either obtained a DEL clearance or has applied for a DEL background check. The verification must be submitted with the licensee's annual license fee and declarations required under **WAC 170-296A-1450**.

## **TO DO**

### **CRIMINAL BACKGROUND STANDARDS ARE SO IMPORTANT THAT THE STEPS ARE BRIEFLY REPEATED HERE. WITHOUT THIS CLEARANCE, A FHCC MAY NOT BE LICENSED.**

#### **1) Understand Background Check Standards**

FHCC license applicants will not be approved if the licensee, staff or family who reside in the home, have not complied with the background check requirements. Review **WAC 170-296A-1200/1450/1225** to be sure you understand the criminal background check requirements and standards.

#### **2) Complete a Portable Background Check Application in MERIT**

You may complete an online portable background check application and pay the fees. In order to do this, first register in MERIT. Obtain a user identification and password for MERIT by learning the steps at the DEL website at [www.del.wa.gov/publications/licensing/docs/MERIT\\_ProviderManual.pdf](http://www.del.wa.gov/publications/licensing/docs/MERIT_ProviderManual.pdf).

### **3) Obtain Clearance Before Moving on with Licensing Plans**

DEL will check an applicant for a criminal background history by reviewing the results of a fingerprint background check, the prior license history, and if any child abuse and neglect information exists. After reviewing all the information, DEL decides whether an applicant is able to offer safe, healthy care for children. This is referred to as a **character, competency and suitability determination**. DEL staff complete the process by issuing a final determination of **cleared** or **disqualified**.

**Cleared:** If “cleared” the registry will give the licensee and the family home household members a three-year “portable” clearance. The card will allow employees to work in more than one facility during those three years. Submitting a new background check is not required to work in a new facility.

**Disqualified:** In some cases an applicant is disqualified due to a criminal history involving crimes which disqualify a person from working in child care. See **Director's List of Crimes and Negative Actions** in the following list. In other cases, an applicant may not have a criminal background or any substantiated findings from Child Protective Services, but there may be other circumstances. DEL has a responsibility to determine when applicants do not have adequate “character, competency and suitability” to be a child care provider.

#### **Reporting new criminal history information:**

Even if you are cleared you must report within 24 hours, any knowledge of new non-conviction and conviction information listed in the crimes listed in **WAC 170-06-0120** below or reasonably related to the list. This includes any new information about employees, family members in your home or persons with unsupervised access to children in your care.

<b>Crimes that permanently disqualify a person</b>	<b>Crimes that disqualify a person for five years from the date of conviction</b>
Abandonment of a child	Abandonment of a dependent person not against child
Arson	Assault 3 not domestic violence
Assault 1	Assault 4/simple assault
Assault 2	Burglary
Assault 3 domestic violence	Coercion
Assault of a child	Custodial assault
Bail jumping	Custodial sexual misconduct
Carnal knowledge	Extortion 2
Child buying or selling	Forgery
Child molestation	Harassment
Commercial sexual abuse of a minor	Identity theft
Communication with a minor for immoral purposes	Leading organized crime
Controlled substance homicide	Malicious explosion 3
Criminal mistreatment	Malicious mischief
Custodial interference	Malicious placement of an explosive 2
Dealing in depictions of minor engaged in sexually explicit conduct	Malicious placement of an explosive 3
Domestic violence (felonies only)	Malicious placement of imitation device 1
Drive-by shooting	Patronizing a prostitute
Extortion 1	Possess explosive device
Harassment domestic violence	Promoting pornography
Homicide by abuse	Promoting prostitution 1
Homicide by watercraft	Promoting prostitution 2
Incendiary devices (possess, manufacture, dispose)	Promoting suicide attempt
Incest	Prostitution
Indecent exposure/public indecency (felonies only)	Reckless endangerment
Indecent liberties	Residential burglary
Kidnapping	Stalking
Luring	Theft
Malicious explosion 1	Theft-welfare
Malicious explosion 2	Unlawful imprisonment
Malicious harassment	Unlawful use of a building for drug purposes
Malicious mischief domestic violence	Violation of the Imitation Controlled Substances Act (manufacture/deliver/intent)
Malicious placement of an explosive 1	Violation of the Uniform Controlled Substances Act (manufacture/deliver/intent)
Manslaughter	Violation of the Uniform Legend Drug Act (manufacture/deliver/intent)

Murder/aggravated murder	Violation of the Uniform Precursor Drug Act (manufacture/deliver/intent)
Possess depictions minor engaged in sexual conduct	<p>See: <b>WAC 170-06-0120</b> and <b>Director's List of Crimes and Negative Actions</b> at:  <a href="http://www.del.wa.gov/publications/licensing/docs/DEL_DirectorsListOfCrimesAndNegativeActions.pdf">http://www.del.wa.gov/publications/licensing/docs/DEL_DirectorsListOfCrimesAndNegativeActions.pdf</a></p>
Rape	
Rape of child	
Robbery	
Selling or distributing erotic material to a minor	
Sending or bringing into the state depictions of a minor	
Sexual exploitation of minors	
Sexual misconduct with a minor	
Sexually violating human remains	
Use of machine gun in felony	
Vehicular assault	
Vehicular homicide (negligent homicide)	
Violation of child abuse restraining order	
Violation of civil anti-harassment protection order	
Violation of protection/contact/restraining order	
Voyeurism	

## Water systems or private wells

### SEWAGE OR SEPTIC SYSTEMS

Homes must either have public water and sewer connections or documentation that private wells and septic tanks have been inspected and approved.

#### Private septic systems

If you have a private septic system, you must follow the local health jurisdiction's requirements for inspection and maintenance. If there are no local health jurisdiction's requirements for an inspection then you will need to have your system inspected by a septic system inspector certified by the local health jurisdiction. You need to have your septic system inspected within six months prior to submitting a license application (**WAC 170-296A-1250**) and every three years after an initial license is issued (**WAC 170-296A-1375**). Maintain the

septic system as required by the inspection report and keep these records available for DEL to review.

#### Private well and water systems

If your home gets water from a private well on the premises, you must follow the local health jurisdiction's requirements for periodic water testing. If there are no local health jurisdiction requirements for periodic water testing, you must have the water tested for coliform bacteria and nitrates by the local public health authority or a private testing laboratory certified to analyze drinking water samples. As with the septic systems, you will need to have your private well inspected within six months prior to submitting an initial license application (**WAC 170-296A-1250**), and every three years after the first initial license is issued. The test results must indicate no presence of coliform bacteria, and must not exceed 10 parts per million (ppm) for nitrate (**WAC 170-296A-1400**). Maintain the private well or water system and keep the water testing and system repair records available for DEL to review.

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## FEES AND INSPECTION

- **Fees:** A nonrefundable \$30 fee is due when you submit your initial FHCC application to DEL. This annual fee is then due by 30 days before the anniversary date of your FHCC license. The state Legislature sets the fee amount and DEL will post any fee changes online (WAC [170-296A-1325](#)).
  - **Criminal Background fees** are approximately \$12 for a DEL background search and \$44 for FBI fingerprints, if required.
  - **Inspection:** A DEL licensor must inspect your indoor and outdoor spaces to be used for child care. After you receive your license, you must allow the licensor access to your FHCC spaces for announced or unannounced monitoring visits (WAC [170-296A-1410](#)).
- 

## *The Business of FHCC: Make a plan to be successful*

### START-UP AND OPERATING COSTS

As a FHCC provider, you are a small business owner. You will need to develop and manage a budget, and handle the financial responsibilities to support your home child care business. A lack of business management skills is one of the top reasons FHCCs close. Plan to be successful by seeking out information and individual consultation, from business resources such as the **Washington Small Business Development Centers**, [www.wsbdc.org](http://www.wsbdc.org), listed at the end of this discussion.

#### Start-up costs

Begin by understanding both your start-up costs and your annual operating expenses. A **start-up budget** should include costs associated with:

- **Renovations** to your home. Parts of your home may not comply with licensing requirements or may not be the kind of environment you want for the children in your care. Using former home space for child care space may involve remodeling to meet your family living needs. If you need a small business loan, you will need to factor these payments into your expenses.
- **Annual licensing fees.**
- Costs of **well or septic inspections**, if needed.

- **Materials and equipment** to create a safe and healthy child care environment, both indoors and outdoors. Fencing a yard, for example, can be a substantial cost. Child-proofing cabinets and other areas should also be included in your costs.
- **Delay of income.** Plan for paying for any of the start-up costs listed here before payment for your first child care slots occurs.
- **Publicizing** your program.

#### Ongoing operating costs

An **operating budget** is an expense plan for one year. The budget will include all the expenses and all the income for one year, with the two categories balancing.

#### Expenses

Understanding all the costs of operating a FHCC helps you successfully plan and budget. These operational costs include:

- **Staff costs.** Your salary, an assistant's salary, or any employee costs. About 80 to 85 percent of a child care program budget is for the costs of staff. In addition to the hourly wage or salary for yourself and any assistants, additional costs include:
  - Federal income taxes (FICA - Social Security)
  - Federal unemployment (FUTA) tax and workers compensation

- State self-employment security taxes (quarterly) and Department of Labor and Industries (quarterly) taxes
- Paid absences, sick leave or professional days
- Health insurance (if needed for yourself or offered to staff)
- Substitute costs (if an assistant is ill)
- Time and/or funding for bookkeeping, attorney fees, accountants or other services

Online tools and forms to guide you through staff budgeting tasks such as estimating the costs and benefits of hiring an assistant caregiver, may be obtained from nonprofit organizations such as [www.firstchildrensfinance.org](http://www.firstchildrensfinance.org). See *Business Resources* at the end of this discussion.

### Overhead Operating Costs

- **Insurance costs** will increase when you operate a child care business out of your home. Liability insurance is needed and fire, theft and auto insurance may increase when used as part of your business.
- **Maintenance costs** and replacement of equipment and materials
- **Utilities** (heat, water, phone, etc.)
- **Supplies** (office, cleaning, educational, etc.).
- **Food costs** may be met through participation in the Child and Adult Care Food Program (CACFP). This is a federal program that reimburses participating child care providers for meal costs and provides them with USDA commodity food and nutrition education materials. The CACFP is explained at your DEL licensing orientation and at training available by your local Child Care Aware.
- **Licensing fees**
- **Travel/field trips**
- **Advertising**
- **Professional services** (or considering your time) to pay an assistant to meet the recordkeeping requirements of this list of

responsibilities. Consultation or use of an accountant or attorney may be needed in some cases.

The Family Home Child Care Association suggests you estimate these to be 37 percent of your income. See calculation box and explanation below.

### Income projection

FHCCs often operate at less than full capacity. Even if you are caring for children up to your licensed capacity, you cannot multiply your total monthly child care fees (determined by your capacity) times 12 months.

When projecting your income, remember to consider:

- Temporary vacancies when one child leaves and leaves a vacancy
- Discounts (if given) for families with more than one child in your care
- Children whose subsidized child care reimbursement rates are different from your fee
- Uncollected debts or later-than-expected child care subsidy reimbursements
- Drop-in enrollment during parts of the year, such as summer or the winter holidays
- Your need to take vacations and close the child care during planned times of the year

The first year also is a time when you are determining your cash flow patterns. Consequently, plan for less than full capacity or less than anticipated income to keep your business going the first year. A good rule of thumb is to estimate fee income at not more than 85 percent of expected capacity.

### SETTING PRICES

Begin by learning what other FHCC businesses and child care centers in your area charge per child for a variety of child care programs and schedules. Your local Child Care Aware agency has this information. Here is a simple chart to help you set your child care prices. Read the detailed explanation of the chart which follows it.



How to Set Your Child Care Rates		
Annual Income Goal	Example	Your Calculation
1. <b>Annual Income Goal:</b> Amount you want or need to earn per year	\$30,000	
2. <b>Operating Expenses / Overhead Costs:</b> Use 37% of the figure in row 1. (multiply amount of line 1 by 0.37)	\$11,100	
3. <b>Gross Revenue:</b> Add line 1 to line 2	\$41,100	
4. <b>Weekly Revenue Required:</b> Line 3 divided by 50 weeks	\$822	
5. <b>Rate per Child:</b> Divide line 4 by no. of full time children desired (for example: 6 preschoolers)	\$137	

- In this example you would charge all 6 children \$137 per week.
- If you are just opening a FHCC, some providers work 10 hours a week beyond their direct care duties doing support work including children's program planning, cleaning, paper work and meal preparation.

### Calculating weekly rate per child

Begin by considering what it will cost you to meet your expenses and to pay yourself a salary. The goal is to know **the weekly rate per child** you require, in a **program** consisting of a **minimum number of children**, to budget appropriately and stay solvent as a small business.

To determine the weekly rate to charge per child, there are several steps. Here is a simple example with the purpose of helping you remember to take into account your basic income and expense categories when setting tuition. With the support of a business consultant you could use a more complex and specific formula.

1. **Annual income goal:** First, consider the **salary** you need and would like to receive. For the sake of a simple example only, the rate of \$10 per hour for direct care will be used. This is not taking into account hours needed outside of caregiving hours to shop for supplies or prepare the program.

Next, figure out the **hours you will be working**. Again, as an example, the hours of child care will be 12 hours per day, five days per week, and 50 weeks a year. This is a total of 60 hours per week (12 hours/day x 5 days/week), and 3,000 hours per year (60 hours/week x 50 weeks). You will earn \$30,000 per year as a gross income.

The **annual gross income** (\$30,000) calculation was based on: **hours per week** (60) x **weeks per year** (50) x **hourly wage** (\$10).

2. **Expenses: ongoing operating or overhead costs** of running the child care business are determined by adding items such as insurance, utilities, supplies, etc., noted earlier. Calculating this amount is more complex and should be determined with the support of a small business consultant or by closely examining the ongoing operating costs section of this guide. An experienced FHCC provider with a similar program to yours may also be helpful to you identify categories of annual operating costs.

Tom Copeland, author of many FHCC business resources (retrieve free materials at [nafcc.org](http://nafcc.org)), suggests using 37 percent of your



estimated operating expense as a starting figure if you are a new FHCC. To calculate this, divide your annual gross income by .37 (\$30,000 annual gross income divided by .37 = \$11,100).

### 3. The gross total of expenses (or the gross revenue needed):

\$11,100 - Annual operating costs (See #2)  
+ \$30,000 - Annual income (See #1)  
= \$41,100 - Gross Revenue Needed

### 4. Weekly rate per child: If you were caring for six preschool children, it would be necessary to charge \$137 per week for each preschool child in full-time care.

The **weekly rate per child** (\$137) calculation is based on **annual income plus operating expenses** (\$30,000 annual income + \$11,100 operating expenses = \$41,100) divided by **the number of full-time children** (six children) divided by **the number of weeks operating in a year** (50 weeks). This could then be further divided to arrive at a daily rate per child.

**Beware of common pitfalls:** If you have a consistent number of children who pay the same weekly, full-time child care rates, then calculating the weekly rate per child is fairly simple and easy to budget. However, some common financial pitfalls you will want to be aware of include:

- Holding open spots and having vacancies while you wait for a sibling of an enrolled child or another new child to be ready to enter your care.
- Calculating your budget on a certain number of full-time children and having several of them reduce to part-time care.
- Not planning for different rates for different ages of children. Infants and toddlers are almost always charged higher rates, because you will probably be taking fewer children in that age range in order to meet their caregiving needs and licensing requirements.

- Not considering that having daily rates and allowing for drop-in care usually results in more periods of vacancy and challenges in predicting income.
- Giving a variety of discounts for shorter care periods that are not accounted for in the overall child care business budget.
- Hiring an assistant and forgetting to factor that salary into the overall expenses.
- Underestimating operating costs including insurance, one-time remodeling expenses, or unforeseen maintenance and materials costs.

For more help on business management and budgeting, contact your local Child Care Aware agency, community or technical colleges, small business development centers or other small business support services in your area.

Taking a course in child care administration, a workshop on starting a FHCC business, or meeting individually with a free and confidential small business advisor is time well spent to help ensure your business will be successful.

## Reflect

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An experienced Washington FHCC provider with 20 years' experience from Soap Lake says:

*“Realize that it is a business and you must run it as such. If you don’t, people will take advantage and you will find yourself frustrated and unsuccessful. State your rules and expectations in your policies and stick to them. Conduct your interviews with families in a professional manner. Go through the parent policy handbook with them to be sure they know what your expectations are.”*

**What is your plan to gain the business skills and knowledge you need to be successful? Have you ever felt conflict between being a caring person and upholding sound business practices? How does this advice from another experienced FHCC provider help you with those ideas?**

Lorri Ann Hope, 20 years' experience, from Richland, says,

*“Know how to use a budget and make a business plan. Outline goals and expectations, understanding that child care is a word-of-mouth service business to the public and has a market flow.*

*“The first year it was recommended to me to go to Redleaf Press ([www.redleafpress.org/Business-Resources-C1047.aspx](http://www.redleafpress.org/Business-Resources-C1047.aspx)) and get Tom Copeland’s **child care business record books and organizer**, especially the **calendar-keeper for each year** ..... this calendar contains updated tax information, and a worksheet in the back to figure your depreciation and other expenses.”*

(See also the resource section for other free resources in your local community).

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## Resources for your business

In addition to your DEL licensor, local Child Care Aware agencies, and technical and community colleges (business and early childhood program administration courses or trainings), additional child care business resources include:

### Childcare.gov

[www.childcare.gov](http://www.childcare.gov)

Includes information on small business development, loan forgiveness programs, funding opportunities for child care programs and more.

### Internal Revenue Service Small Business and Self-Employed Tax Center

- [www.irs.gov/businesses/small/index.html](http://www.irs.gov/businesses/small/index.html)
- [www.irs.gov/Businesses/Small-Businesses-&Self-Employed](http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed)

Includes information on business expenses, recordkeeping and more.

### National Association for Family Child Care (NAFCC)

Business resources at: [http://nafcc.org/index.php?option=com\\_content&view=article&id=70&Itemid=376](http://nafcc.org/index.php?option=com_content&view=article&id=70&Itemid=376)

### State of Washington Government website

Doing Business in Washington

<http://access.wa.gov/business/>

Includes information on starting a business in Washington, hiring and managing employees, and more. Also includes links to other resources, including the Washington Department of Labor & Industries Small Business Center, and the Washington Department of Licensing.

### Think Small

Find FHCC business resources and links to more at [www.thinksmall.org](http://www.thinksmall.org)

### Washington Small Business Development Center

[www.wsbdc.org](http://www.wsbdc.org)

Includes information on writing a business plan, conducting market research and more. **Spanish language** business resources available:

<http://www.wsbdc.org/spanish-resources>

The SBDC is a partnership with the US Small Business Administration and local higher education institutions and economic development institutions. It offers “in-depth, confidential and no-cost” business advising. Outlines for business plans and other considerations are online.

### U.S. Small Business Administration

[www.sba.gov](http://www.sba.gov)

### FAQ's: Frequently Asked Questions.

[web.sba.gov/faqs/faqindex.cfm?areaID=24](http://web.sba.gov/faqs/faqindex.cfm?areaID=24)

Includes information on writing a business plan, marketing your business and more.

*“This is a most rewarding and growing profession. I love teaching children and being a part of their lives. Seeing a child get excited about learning anything is what makes my day! The best advice I can give is - if this is your passion then pursue it (and figure out how to be reimbursed for your) time and labor, if it is not your passion then please do not consider it further. This is not a profession that will garner you riches but will bless your life and make you smile every day.”*

# Steps to Becoming Licensed and Opening a FHCC

Begin specific planning a minimum of four to six months before your desired FHCC opening date. However, every home is different and choosing to begin a year before your desired opening will give you time to adjust to unexpected delays. Timelines vary due to differences in how long it takes, for example, to investigate and comply with local zoning, desired building changes or other licensing requirements. Use the following guideline to help anticipate the sequence of steps to become licensed. Begin by gathering information to consider if this is the right career choice for you.



## Step 1: Before Planned Opening

### GATHER INFORMATION & CONSIDER – “IS FHCC RIGHT FOR ME?”

- **Self-evaluation:** Reflect on your own abilities, skills, knowledge and interests. Does FHCC seem to be a good match?
- **Learn from current child care providers:** Talk with other child care providers and visit some FHCC programs. Ask what they like about being a licensed provider, what challenges they have, and any tips they have for you.
- **Consult family:** Talk with your family about your plans, and check if there are any neighborhood rules about running a business in your home.
- **Review the basics of licensing:** Review the licensing application on DEL's website to understand the requirements. (Wait until after you attend a DEL orientation session to complete the application.)
- **Consider taking a class or attending a local early childhood conference or workshop on a topic related to the care and education of young children and/or running a small home based business.**
- **Reflect upon all the information you have gathered and consider again if opening a FHCC is really something you want to do.**

## Step 2: Before Opening

### GO TO A DEL ORIENTATION SESSION.

- **Learn the details of licensing:** Go to a DEL orientation session, which is required before applying for a license. Call DEL toll-free at 1.866.482.4325 or visit the website at [www.del.wa.gov](http://www.del.wa.gov) to find a session close to you. These are all-day sessions (about 7 hours). By starting early, you will have time to digest all the information you will receive at the orientation. Remember there are many resources to support you in planning and starting your FHCC.
- **Consider having the age group(s) and hours of care** you offer fit the needs of the community as well as your own interests, skills, knowledge and experience.
- **Research Local, State and Federal Taxes and Licenses:** Research any federal, state and county or city taxes, licenses and rules you must follow, including local zoning and permits. Arrange for local agencies to inspect your home when required. This may include local fire, health and any water and septic specialists (if required due to private water and septic systems).

## Step 3: Before Opening

### PLAN AND COMPLETE REQUIRED TRAINING AND EDUCATION

- **Health and safety training requirements:** All providers are required to take CPR, first aid and HIV/AIDS/bloodborne pathogens classes. You can find these classes at local hospitals, your local Red Cross chapter and county health departments. Remember that tuberculosis (TB) tests are required for household members ages 16 and older and for all assistants and staff ages 14 and older.
- **Education requirements:** Plan to meet the basic education requirements. Seek optional education that will increase your success in FHCC by enhancing your skills in business, care and education.

- **Child Care Basics course:** Sign up for the required Child Care Basics course, which must be completed before you open your FHCC. Enroll or make a plan to take other optional early childhood education training that you feel you need in order to be an effective child care provider. See your local community college early childhood education coordinator or your local Child Care Aware agency to make a professional development plan.
- **Scholarships, registry and planning to be a professional:** Learn about Washington's professional development system and any scholarships that may be available or other mentoring and local resources to support you as a new FHCC provider (Washington Scholarships are available through Child Care Aware). The DEL website includes many professional development resources, including information on career pathways and educational opportunities, standards and competency areas expected of those who work with young children, training that aligns with individual professional goals, and online resources for increasing knowledge of working with children and families. MERIT includes an online training calendar to help professionals choose training opportunities that align with individual goals and that provide continuing education hours.
- **Learn about education for a career in early care and education:** Consider other optional early childhood education and business courses to increase your skills and knowledge as a professional FHCC provider. Review MERIT and the Washington State Career Lattice to understand your progress on an early childhood career pathway.



## Step 4: Before Opening

### CREATE A BUSINESS PLAN

- **Business plan:** Create your business plan for becoming a licensed child care provider. Contact Child Care Aware Washington or your local business assistance center. Many Child Care Aware offices offer local training and education to support FHCC, including information on food and child care subsidy programs that will be important to take into account in your business plan.
- **Develop a budget, including both start-up and operating costs.**
- **Marketing plan:** Your business plan will include learning if there is a demand for child care in your area, types of care needed (ages of children, time of day) and typical rates charged. Additionally you will plan for how to publicize and enroll children. See “12 Tips to Market Your Child Care Program” produced by Child Care Aware at: <http://ccapub.childcareaware.org/docs/pubs/201e.pdf>
- **Start-up costs** will need to be calculated. Think about marketing your business, getting insurance and business licenses, and buying equipment such as books, games, toys and cribs (See “Resources” at the end of Section One).
- **Projection of income** from child care fees should take into account that you may take time to reach capacity, have temporary vacancies, have times of the year with fewer children or want to close for your own vacation. Plan for less-than-full capacity for the first year. If you hire an assistant, you need to budget for salary and taxes and any fringe benefits. Maintenance and insurance costs should be included in your plan. Seek professional accounting or other related business help or enroll in a business class if you feel you need more skills to make your home business a success.
- **Food costs** may be met through participation in the Child and Adult Care Food Program (CACFP). The CACFP is explained at your DEL licensing orientation and at training provided by your local Child Care Aware.
- **Researching/obtaining financing, if needed):** After creating a business plan, you will know if you have sufficient finances to proceed. Some prospective FHCC providers decide to wait and save more money for start-up costs and others take their business plan and obtain small loans from a bank. Others decide this is not the right choice for them. The only choice that is risky is to proceed without knowing what it will cost and finding yourself in an untenable financial situation.
- **Recruit and hire child care assistants, if applicable.** Be sure you have completed all employer local, state and federal tax and license requirements.

*“Over the years I have increased my education, and this has been a strong positive factor in increasing the quality of my program. Learning from the good and bad of owning a business helps me every year as I prepare for the next. There have been many challenges with parents, expenses, licensing changes etc. but I’ve learned and grown thru each of them. My advice to a new provider would be stay patient, stay kind, and stay focused on the original reason you chose this profession .....the children!”*

## Step 5: By Three Months Before Opening

### COMPLETE A LICENSING APPLICATION, INCLUDING BACKGROUND CHECK FORMS

- **Complete licensing application, including background checks:** Fill out the DEL licensing application and background check forms. Ask your references to send a letter of support to DEL or answer the questionnaire. Mail the completed application and fee to your local DEL office (go to [www.del.wa.gov](http://www.del.wa.gov) find contact information). Your licensor will contact you to arrange for a time to inspect your home's child care space inside and outdoors.
- **Advertise your FHCC plans by letting Child Care Aware know you are operating. They will send parent referrals to you.** Ask your friends, neighbors and local businesses to spread the word by having flyers or online information available. Many child care programs post their services on reputable neighborhood blogs and in other new media and social networking formats.
- **Note: Some experienced providers suggest that you complete home preparation, noted in Step 6, before sending in your licensing application because complying with licensing standards may take more than several months to complete.**

## Step 6: By Two Months Prior to Planned Opening

### HOME PREPARATION, CREATE FILES, OBTAIN FORMS AND ORGANIZE YOUR RECORDS

- **Home preparation:** Begin to make any home changes required to meet licensing standards and local fire and other requirements.
- **Business and recordkeeping preparation:** Create a personnel file for yourself and all assistants, even if those assistants are family members. See Section 6 of this guide

for necessary records and record-keeping suggestions.

## Step 7: Zero to Two Months Before Opening

### WORK CLOSELY WITH YOUR LICENSOR BEFORE AND AFTER INSPECTION

- **Licensor contact:** Work with your DEL licensor to get your facility ready, inspected and approved for licensing. Double check that you have all required parent and program policies and requirements met. See Sections Five and Six for policy information.
- **Train assistants** (if applicable).
- **Enroll children and orient parents.**

## Step 8: Opening

### EVALUATE AND CELEBRATE YOUR PROGRESS

- You are licensed!
- Plan for your annual professional development to meet requirements and plan to be a successful FHCC business owner. See an example of an Annual Professional Development (PD) Action Plan in Section Two.

# Planning For Your Continuing Professional Development

FHCC providers are required to have 10 hours of continuing education each year. This sample plan exceeds the requirement of 10 hours but is shared in Section Two as an example of how one FHCC provider made a plan to meet her professional development needs (WAC [170-296A-1800](#)).

Investing in your own professional development recharges your batteries and brings you into a community of supportive adults doing the same important work you are doing. The families you serve will be excited to know that your expertise and growth benefits their child's learning and development. As described earlier in this section, see information on **Early Achievers**, Washington's voluntary **quality rating and improvement system (QRIS)**, and **MERIT** at [del.wa.gov/publications/elac-qris/docs/EA\\_coach\\_framework.pdf](http://del.wa.gov/publications/elac-qris/docs/EA_coach_framework.pdf)

## RESOURCES FOR PROFESSIONAL DEVELOPMENT

### Center of Excellence for Careers in Education

[www.careersined.org](http://www.careersined.org)

Find information on this site specifically for careers in early childhood education.

### Washington State Community and Technical Colleges

[www.sbctc.ctc.edu/general/c\\_index.aspx](http://www.sbctc.ctc.edu/general/c_index.aspx)

Find a college close to you on the interactive map provided on this site.

### Washington Student Achievement Council

[www.wsac.wa.gov/CollegesAndUniversities](http://www.wsac.wa.gov/CollegesAndUniversities)

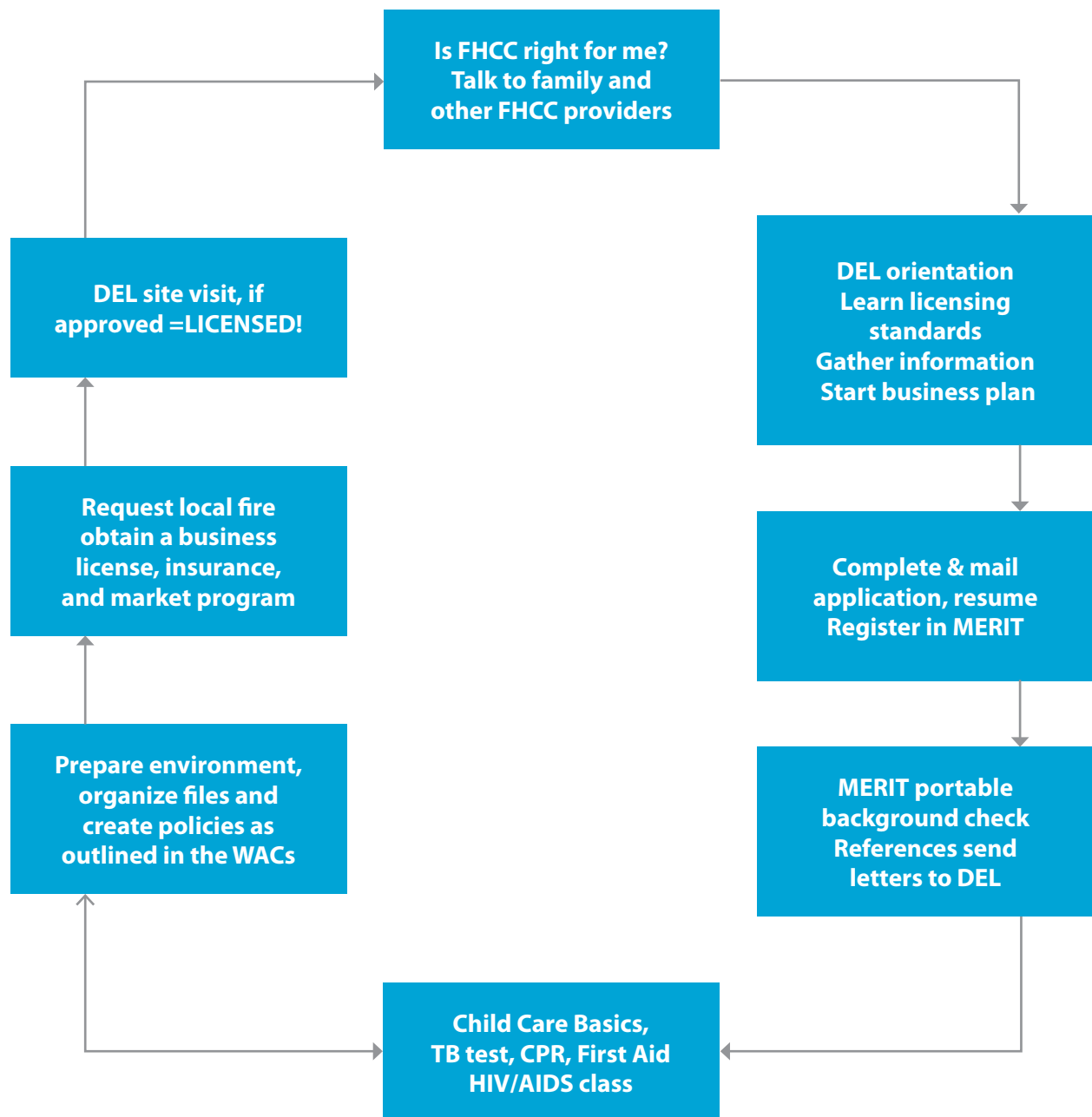
Locate colleges and universities in Washington state.

### Washington Scholarships for Child Care Professionals

866-308-3224; Email [scholarships@childcarenet.org](mailto:scholarships@childcarenet.org)



**Reflect:** What questions do you still have about the highlights of the FHCC licensing process?



Call your licensor if you need help understanding this process. If you are working toward certification because you are a Tribal Nation or a military provider and wish to be eligible for child care subsidy payments only, send a letter to the DEL director requesting certification or first contact a DEL licensor for more information.

# Your Responsibilities As A FHCC Provider

## Supervising children

Interacting with young children in order to build trusting relationships and promote social and intellectual growth is one of the enjoyable reasons caring and skilled early educators are attracted to working in FHCC. Even more basic, though, is the need to ensure all children are supervised to prevent accidents and unsafe conditions. Being a licensed FHCC provider requires you to meet required staffing levels and staff-to-child ratios to provide adequate supervision for the number of children in attendance.

WAC [170-296A-5750](#) specifically identifies supervision of children to include being aware of what the children are doing at all times and being available to promptly assist or redirect activities when necessary. If unable to see the children, all staff persons must frequently go to the area where the children are located to check on them.

How do you know how closely to supervise children? Appropriate supervision involves taking into account:

- Ages of the children.
- Individual differences and abilities of children.
- Layout of the indoor and outdoor licensed space and play area.
- Risks associated with the activities in which children are engaged.
- Nearby hazards, including those in both the licensed and unlicensed space.

**Monitors do not take the place of being present to supervise:** While a variety of technologies allow children to be viewed from a distance on screens or heard through audio devices, baby or video monitors must not be used in place of direct supervision of the children. When children are indoors or outdoors, staff need to be within sight or hearing range, and available and able to respond if the need arises to ensure the safety of the children. If children are present on multiple levels of a house, staff also need to be on each of those levels.





**Water and the need for additional supervision:** Licensing standards also specifically states that a wading or swimming pool requires constant supervision. See Section Four – Environments for a discussion of additional requirements for wading pools (WAC [170-296A-5175](#)) water play and swimming (WAC [170-296A-5200](#)) both in your FHCC outdoor area and when off site on a field trip (WAC [170-296A-5150](#)).

## Supervising staff

In order to help ensure children are well supervised, the FHCC provider accepts the responsibility of supervising staff. This means being aware of what staff are doing and available and able to respond if the need arises to protect the health and safety of children in care.

The licensed provider must be within visual or auditory range of assistants and volunteers ages 14 to 16, as well as those 16 and older (WAC [170-296A-1925](#)).

## Licensee absence

The licensee must have written policy and procedure for staff to follow any time they are absent from child care (WAC [170-296A-5775](#)). See the appendix for examples of policies. DEL will review your policies submitted in your initial licensing application packet. Modifications will be required if they do not meet licensing standards.

**The policy and procedures** must include a staffing plan to provide for:

- A qualified primary staff person to be present and in charge at all times.
- Staff roles and responsibilities.
- How staff-to-child ratios will be met.

- How staff will meet the individual needs of children in care.
- How parents will be notified in writing of the licensee's absence (WAC [170-296A-5810](#)), about closures, or staffing changes.
- Your emergency contact information.

### Communicate to your licensor in writing:

- The time period of your absence.
- A written plan including who will be left in charge of the child care (WAC [170-296A-5775](#)).
- Your contact information.
- How parents will be informed prior to the absence (WAC [170-296A-5825](#)).

### Contact your licensor - Working outside the child care (WAC [170-296A-5810](#))

- Contact your licensor (and inform DEL in writing) if you are considering working outside of your child care or engaging in ongoing activities outside the child care during operating hours.
- The licensee must notify DEL 48 hours prior to the following absences when the absence is during child care hours, and includes:
  - Outside employment.
  - Vacation or absence exceeding seven consecutive days when the child care will remain open.
  - Regular absences scheduled during child care hours.

See: **Section Two – Staff Qualifications** for a discussion of required orientations to these policies.



# Determining Your Child Care Capacity

DEL determines the maximum number and ages of children you may care for at any one time. DEL also establishes the required staff-to-child ratio, taking into account the FHCC provider's:

- Years of experience working with children.
- Number of staff and qualifications of staff ([WAC 170-296A-5700](#)).

The chart explains the criteria used by DEL to determine your maximum child capacity. After discussing with your licensor what your maximum capacity *could be* for various ages and numbers of children, you are then able to consider the type of program design you prefer. Will you serve infants? Toddlers? Preschoolers? School-age children? A combination of these ages based on what is allowed?

These considerations are complex because you will also factor in your knowledge, skills and interests as well as the child care needs of the community and what your home environment is best designed to serve. Section Four - Environments will help you determine what is needed in your home to serve your licensed capacity. Deciding if you want to work alone or hire a qualified assistant is another decision affecting your child care capacity.

This does not mean you have to serve the maximum capacity allowed. You will be able to determine the best choice for your FHCC program after careful research and consultation with your licensor and other experienced providers or local early childhood professional development instructors. Your planned capacity is also a central part of your business plan, budget and overall program planning.



*“Stock up on paper towels and don’t worry about spills. Keep an open mind ... we need to provide the best for each and every child. Safety is number one and allowing children to grow to their fullest ability is key and teaching them to have confidence (that) is so important!!!!!! Have fun!”*

Licensed Staff	Minimum Experience and Requirements	Staff:Child Ratio	Age Range	Maximum Number of Children by Age Group	Maximum Capacity
Licensee works alone	Less than one year experience	1:6	Birth through 12 years of age	<b>Two children</b> Under 18 months of age OR <b>Three children</b> Under 2 years of age (One must be walking independently)	<b>Six children</b> Maximum of two children under age 2 not walking independently
Licensee works alone	At least one year of experience	1:8	18 months to 12 years of age	<b>Two children</b> 18 to 24 months OR <b>Four children</b> Under age 3 (No more than two children under age 2; they must be walking independently)	<b>Eight children</b> All children must be walking independently
Licensee works alone	At least two years of experience and 10 hours of annual continuing early childhood education STARS training	1:10	3 to 12 years of age	Not Applicable	<b>10 children</b>

Licensee working with primary staff person or assistant (2 persons total)	Licensee has at least one year of experience	2:9	Birth through 12 years of age	<b>Two children</b> Under 18 months of age AND <b>One child</b> 18 months to 2 years of age and walking independently AND <b>Four children</b> 2 to 3 years of age	<b>Nine children</b>
Licensee working with primary staff person or assistant (2 persons total)	Licensee has two or more years child care experience and 10 hours of annual continuing early childhood education STARS training	2:12	Birth through 12 years of age	<b>Four children</b> Under 18 months of age AND <b>Two children</b> 18 months to 2 years of age and walking independently AND <b>Four children</b> 2 to 3 years of age	<b>12 children</b> Maximum four children not walking independently
Licensee working with primary staff person or assistant (2 persons total)	Licensee has two or more years child care experience and 10 hours of annual continuing early childhood education STARS training	2:12	2 to 12 years of age	Not Applicable	<b>12 children</b>

**Chart based on WAC [170-296A-5700](#).**

**See also: WAC [170-296A-4225](#).** A minimum of 35 square feet of indoor usable space per child is also required. Discussion of required square footage in Section Four – Environments.



# Supervision, Capacity and Ratio

## **BIRTH THROUGH 12 YEARS LICENSE (WAC [170-296A-5550](#))**

When DEL issues either an initial license or a non-expiring full license, they will determine your child care capacity (ages and number of children) based on the total square footage of licensed indoor and outdoor space meeting what is required to care for a maximum of 12 children (See also: WAC [170-296A-4225](#)), and based on other factors including your experience caring for children. If the licensing applicant has less than one year of child care experience, DEL may issue an initial license limited to:

- Caring for a maximum of six children.
- Caring for children older than 18 months and walking independently.

### **Staff-to-child ratio**

Qualified staff must be present during all operating hours, including off-site trips or when transporting children in care (WAC [170-296A-5600](#)).

Additional staff (See: WAC [170-296A-5150](#), [170-296A-5175](#), or [170-296A-5225](#)) must be present when children are participating in water activities or activities near water.

## **CAPACITY AND RATIO (WAC [170-296A-5625](#))**

- The number and ages of children allowed in care will be noted on the FHCC license. All children in care (through age 12), including children being transported, are counted as part of the total allowed capacity.
- Any child within the age range on the license count in the staff-child ratio, including the licensee's own children, children of staff, or visiting children who are not accompanied by an adult.
- The licensee must receive DEL approval to care for a child with special needs as documented in WAC [170-296A-0050](#) if the child is older than the maximum age identified on the license. A child with documented special needs may be in care up to age 19, and must be counted in ratio.



- If a child with special needs requires individualized supervision, a staff member providing individualized supervision for that child does not count in the staff-to-child ratio for the other children in care.

### **SPECIAL NEEDS ACCOMMODATIONS** **(WAC [170-296A-0050](#))**

DEL may approve accommodations to requirements in licensing standards to meet the special needs of an individual child. This requires a written plan submitted to DEL, signed by the parent or guardian that describes how those needs will be met. Documentation of the child's special needs provided by a licensed or certified physician or other relevant mental health professional, education, social worker (BA or higher), registered nurse or advanced registered nurse practitioner

This documentation must be in the form of an individualized education plan (IEP), individual health plan (IHP), or individual family plan (IFP). This documentation should be kept in a child's file in the child care and a copy sent to DEL.



# Initial, Nonexpiring and Probationary Licenses

## ■ INITIAL LICENSE (WAC [170-296A-1430](#))

Valid for six months, the initial license allows a new FHCC provider who is in compliance with health and safety standards but needs time to meet some licensing requirements to offer child care.

DEL uses this initial licensing period to decide whether the provider can meet the state licensing rules over time. The initial license may be extended for up to three additional six-month periods or for two years maximum. DEL may limit the number or ages of children the provider may care for during this period.

## ■ NONEXPIRING FULL LICENSE (WAC [170-296A-1450](#))

When DEL decides that a FHCC provider can meet state licensing rules, DEL will issue a full nonexpiring license.

Each year, 30 days before the FHCC license anniversary date, the following must be submitted: licensing fee, declaration of intent to continue operating a FHCC (or date of closing) and a declaration the licensee is in compliance with all licensing rules. Documentation of all required completed background check applications or clearances must also be submitted at this time.

## ■ PROBATIONARY LICENSE (WAC [170-296A-8250](#))

A probationary license may be issued to a licensee operating under a nonexpiring full license as part of a corrective action plan. The department refers the licensee for technical assistance as provided in RCW [43.215.290](#) prior to issuing a probationary license.



*“We are providing an important service. Never say, ‘I’m just a child care provider.’ Taking care of and educating children is a calling to be proud of.”*



# State Child Care Subsidy Program

## Child care subsidy programs

Washington child care subsidy programs pay for licensed and certified family home child care for low-income families who qualify. Examples of the current child care subsidy programs are:

- **Working Connections Child Care (WCCC) Program** helps eligible low-income families pay for child care while they participate in approved activities, such as work, training, and educational programs. Licensed or certified child care providers and in-home and relative providers may be eligible to provide child care paid by WCCC. The state pays a portion of the cost of child care. The parent is also responsible to pay a copayment to the provider each month.
- **Seasonal Child Care (SCC)** serves families seasonally employed in qualifying agricultural occupations and who live in the following counties: Adams, Kittitas, Benton, Okanogan, Chelan, Skagit, Douglas, Walla Walla, Franklin, Whatcom, Grant and Yakima.

See Section Six to learn about your required policies and what you must tell parents about their child care fees and payments.

**Policies, rules and payments:** DEL sets the policies and rules for all child care subsidy programs. The Department of Social and Health Services (DSHS) determines family eligibility, authorizes child care and pays providers for all child care subsidy programs. If you agree to accept child care subsidy payments for eligible families in your FHCC, you will need to learn the current program requirements and the responsibilities of both the parent and the authorized FHCC provider. Some of these responsibilities include: following billing policies, accepting the DSHS subsidy rate if it is lower than your normal rate, and keeping attendance records.



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**Certification and child care subsidy:** Child care programs that are regulated or operated by a Tribal Nation or the U.S. Department of Defense are exempt from state child care licensing. These exempt programs may request to be certified in order to qualify for child care subsidy payments for eligible low-income families (WAC [170-296A-1100](#)).

### **Resource for child care subsidy**

*Child Care Subsidies:* A guide for licensed and certified family home child care providers (DEL 22-877 (Rev.) Effective March 1, 2012).

See detailed guidelines at:

[www.del.wa.gov/publications/subsidy/docs/FHCC\\_subsidy\\_guide.pdf](http://www.del.wa.gov/publications/subsidy/docs/FHCC_subsidy_guide.pdf)

## ***Child and Adult Care Food Program (CACFP) - USDA child nutrition program***

Healthy meals and snacks are important for growing children. The Child and Adult Care Food Program (CACFP) can help child care providers serve healthy meals and snacks. Children learn healthy eating habits by observing the adults around them. Consequently, you must provide meals and snack foods to children according to the current edition of the U.S. Department of Agriculture (USDA) - Child and Adult Care Food Program (CACFP) charts for the ages of children in your care. As you are planning to open your

child care, arrange to take a food program training course if you would like to participate in this program. Reasons to participate include increasing your knowledge of nutritional needs of children and receiving financial reimbursement for the food you serve enrolled children.

Go to the **Office of Superintendent of Public Instruction** (OSPI) website at [www.k12.wa.us/ChildNutrition/Programs/CACFP/Training.aspx](http://www.k12.wa.us/ChildNutrition/Programs/CACFP/Training.aspx) to learn where and when you can take the required CACFP technical assistance workshop. Look for the FHCC food program sponsoring institutions who can also give you technical assistance. While the documentation required is substantial in order to qualify for the financial reimbursement, the nutritional training can be extremely helpful to you in complying with FHCC nutrition and food requirements. See Section Five of this Guidebook and WAC [170-296A-7500](#) for more details.

### **Appendix - DEL resources and forms to apply for initial licensing**

Now that you have studied this first section of the guide, plan to complete a DEL child care orientation. You will then be ready to examine and prepare your initial application for licensing.

# Initial Licensing Application

## ■ INITIAL APPLICATION (WAC [170-296A-1250](#))

Use the family home checklist, floor plan sketch guide, and application form found in the Appendix section to be sure you have everything required in your initial licensing application packet.

- Completed application form
- Copy of a current government issued photo identification
- Documentation of high school diploma or equivalent
- Resume
- References – must have three
- Copy of Social Security card or sworn declaration stating you do not have a Social Security card
- Copy of letter showing EIN – if plans to employ staff
- Copy of floor plan with space defined

Submit the completed packet to your local DEL office (Find the office nearest you on this contact list: [www.del.wa.gov/about/contact.aspx](http://www.del.wa.gov/about/contact.aspx)). Remember, it may take up to 90 days for this to be processed.

- Appendix A F.CC Floor Plan Sketch Guide
- Appendix B FHCC Floor Plan Sketch Guide
- Appendix C Application for Family Home Child Care License or Certification

Note – you will need to retrieve the application form from: [www.del.wa.gov/publications/licensing/docs/FHLCicensingApplication.pdf](http://www.del.wa.gov/publications/licensing/docs/FHLCicensingApplication.pdf)







# Enforcement of Licensing Standards

Making your vision for a high-quality program for children a reality requires maintaining a foundation of safe and healthy practices. Begin by knowing the licensing standards and working with your licensor and other resources to maintain compliance. There are times when licensing standards will not be met, in spite of a FHCC provider's best intentions. Seek out your licensor if you are struggling to comply with a specific licensing standard and ask for support. If licensing violations are not corrected in a timely manner, if there is continued non-compliance, or if there are serious health and safety concerns, a licensor may use other enforcement actions. FHCC providers may seek supervisory review of a licensing decision and will be informed of their due process rights by their DEL licensor.

## *Understand FHCC licensing laws and rules*

DEL is responsible for informing FHCC providers about licensing standards. This guide is one of many ways DEL communicates licensing standards to providers, as well as resources to help meet them.

When DEL offers technical assistance to a FHCC provider, it is with the intent to support the provider to first understand the requirement and then make a plan for ways to meet licensing standards. When the FHCC provider is in violation of a requirement, a facility compliance agreement is one way DEL works with the provider to create a plan to bring their practices or other conditions back into compliance. In some cases, DEL may determine other licensing enforcement actions are more appropriate including fines, license suspensions, probation, license revocation, or non-continuation of a license. This section is designed to help you understand DEL's role, along with your rights as a FHCC provider.



## What is a complaint?

Anyone concerned about conditions in a licensed child care facility may call **1-866-END-HARM**.

This is the same number used for suspected child abuse and neglect calls originating from any environment. The call is referred to as a **complaint**. Complaints are entered into a computerized tracking system. This is known as **intake**. The intake system is maintained by the Department of Social and Health Services (DSHS). There are two things that could happen at this point. DSHS determines that the complaint:

- Meets the legal definition of **suspected child abuse or neglect**.
- Is a child care or **licensing only** issue.

If the allegation requires a Child Protective Services (CPS) investigation, the DSHS Division of Licensed Resources/Child Protective Services (DLR/CPS) will work with DEL on a plan to investigate.

**RCW 26-44-020 (12) defines abuse and neglect as injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child's health, welfare, and safety is harmed.**

If a complaint is a **licensing only** issue, it does not involve child abuse and neglect allegations but does involve issues of any of the licensing standards. Common areas for licensed child care complaints involve:

- Health and safety hazards.
- Supervision issues.
- Accidental injuries.
- Overcapacity.
- Excessive or inappropriate discipline.
- Unlicensed child care.

## Licensing complaint investigations

During a complaint inspection, your licensor may make an unannounced visit to your child care, review files and records, or interview staff, parents, children and others as related to gathering information about the complaint allegations. Licensors may also need to contact other involved agencies.

## Valid or not valid licensing complaint determination

Your DEL licensor will tell you the outcome of the complaint investigation (**valid or not valid**). If the complaint was found to be **valid**, then DEL may take licensing action. This may include working with you to create a compliance agreement and then monitoring for compliance. More serious or chronic issues could result in a licensor imposing fines, placing your facility on a no referral status, offering a probationary license (if appropriate), modifying the license, changing the license status, or revoking or suspending the license.

## Facility licensing compliance agreement (FLCA)

In the spirit of offering **technical assistance**, WAC [170-296A-8000](#) states that DEL may, at its discretion, issue a written **facility compliance agreement** when there is a violation of a requirement.

A compliance agreement might be developed during a routine monitoring visit or after a licensing complaint investigation (See: Complaint Investigations at [www.del.wa.gov/publications/licensing/docs/ProviderComplaint.pdf](http://www.del.wa.gov/publications/licensing/docs/ProviderComplaint.pdf)). This process is intended to be collaborative and supportive:

1. **Licensors identify the violation:** A written compliance agreement is a contract between DEL and the provider and will clearly state: the violation, the associated rule or law, the date, possible actions that may occur if the violation isn't corrected, and the FHCC provider's signature.
2. **Technical assistance:** Most licensing violations involve a licensor choosing to support the provider to identify a way to correct the violation. This may include referring to other resources for support for correction. The FHCC provider may request a supervisory review of the licensor's decision to cite for a violation.
3. **Licensee identifies a plan of correction of the violation:** A plan for how to correct the violation will be completed by the licensee. An example of the documentation of a FLCA includes:

WAC/RCW	NONCOMPLIANCE DESCRIPTION	PLAN OF CORRECTIVE ACTION	COMPLETE BY:	DATE COMPLETED
<a href="#">170-296A-7675</a>	Assistant staff person who prepares all meals does not have a current food handler's permit.	Assistant will complete a food handlers permit training and the documentation will be kept in staff files and posted in kitchen.	2-10-2012	2-9-2012
<p><input checked="" type="checkbox"/> I agree to correct the issues of noncompliance cited above by the dates indicated. I further agree to send the copy of the completed compliance agreement to the DEL licensor or health specialist, no later than <u>2-10-2012</u>.</p> <p><input checked="" type="checkbox"/> I understand that if I do not complete the plan of correction by the agreed-upon date, DEL may fine me a maximum civil penalty of \$75 (family homes) or \$250 (child care centers) per day per item of noncompliance. I understand that I may call the licensor or health specialist to request an extension, for good cause, if I am unable to complete the plan of correction by the agreed-upon date. I understand that DEL may also take other licensing action for failure to meet licensing requirements. RCW <a href="#">43.215</a>.</p> <p><input type="checkbox"/> I request a supervisory review regarding one or more of the items above. FLCA Supervisory Review Request must be completed and attached. I understand that I may call the licensor or health specialist for technical assistance to achieve compliance.</p>				
<b>Licensee Signature / Date</b>		<b>Del Licensor Signature/ Date</b>		
Mary Smithsonian 1-02-2012		Dolores Lewis 1-02-2012		

**Time period for correction:** The length of time allowed for correction of a violation depends upon the:

- Seriousness of the violation.
- Potential threat to the health, safety and well-being of the children in care.
- Number of times the licensee has violated licensing rules ([WAC 170-296A-8025](#)).

These same factors are used when a licensor considers if other enforcement actions should be imposed.

## Enforcement actions

### NO REFERRAL STATUS ([WAC 170-296A-8010](#); [RCW 43.215.300](#))

DEL may place a FHCC on **no referral status**, in addition to, or instead of, other enforcement actions. In this situation a licensor has determined that adding new children to the child care is not appropriate until specific violations are corrected.

The **no referral status** also will be noted on DEL's **Child Care Check** tool at [www.del.wa.gov/check](http://www.del.wa.gov/check). **Child Care Check** gives information to the public on licensed and certified child care and includes:

- How long the provider has been licensed.
- How many children the provider is licensed to care for, and the age ranges of the children the provider may care for.
- Current licensing status (i.e., nonexpiring full license, initial license, probationary license).
- The name of the DEL licensor.
- Information on valid complaint findings since July 24, 2005.
- Background check status for the licensee and all staff and household members for the most recent three years.
- Routine licensing inspection information.
- Compliance agreements as of July 1, 2011.

- Closed providers, the date and the reason for closure.

## Fines

See details of the **Civil Monetary Penalties** identified in [WAC 170-296A-8050](#) that may be imposed for violations. These fines may occur in addition to other actions and may be withdrawn or reduced if the licensee comes into compliance during the notification period ([WAC 170-296A-8075](#)). When a fine is imposed, the FHCC provider has a right to a hearing. DEL may cite the basis for the decision to impose a fine due to the violation of any FHCC licensing rule or whether the licensee has:

- Allowed a condition that creates serious safety and health risk.
- Used corporal punishment or humiliating methods of control or discipline.
- Failure for staff to provide the required supervision.
- Failure to provide required light, ventilation, sanitation, food, water or heating.
- Providing care for more than the highest number of children allowed by the license or
- Repeatedly (more than once in a 12 month period) violates licensing rules ([WAC 170-296A-8060](#)).

The licensee must post the DEL letter giving notice of a fine in a location clearly visible to parents and guardians ([WAC 170-296A-8100](#)). Details of payment periods and possible additional actions if the fine is not paid are detailed in [WACs 170-296A-8075/8125](#).

## Denial, suspension, revocation, modification or non-continuation of a license

(WAC [170-296A-8150](#)) may occur when a licensee fails to comply with licensing requirements detailed in WAC chapter [170-296A](#) or in [43.215](#) of the RCW.

**DEL may deny, suspend, revoke, or not continue a license when the licensee is:** unable to provide the required care for children in a way that protects their health and well-being or is in receipt of information that the licensee failed to comply with requirements in WAC [170-296A-1420](#). DEL notifies the licensee by sending a certified letter or by personal service containing the information on what the licensee may do (rights to appeal and hearing rights) if the licensee disagrees with the decision to deny, suspend revoke or modify the license.

**Specifically (WAC [170-296A-8175](#)) DEL may decide to deny, suspend, revoke or not continue a license when:**

- The licensee, staff person or household member is disqualified under chapter [170-06](#) WAC (criminal background) or has a current charge or conviction for a disqualifying crime under WAC [170-06-0120](#). See the disqualifying crime list at: [www.del.wa.gov/publications/licensing/docs/ProviderDisqualification.pdf](http://www.del.wa.gov/publications/licensing/docs/ProviderDisqualification.pdf).
- The licensee, staff person or a household member residing in the licensed home have a current charge or a conviction for a crime described in WAC [170-06-0120](#).
- There is an allegation or a conviction of child abuse and neglect against the licensee, staff or household member.
- The licensee fails to report to DSHS or law enforcement any instances of alleged child abuse or neglect.
- A household member residing in the licensed home had a license to care for children or vulnerable adults denied or revoked.
- The licensee tries to obtain or keep a license by deceitful means (such as making false statements or omitting important information on the application).
- The licensee commits, permits or assists in an illegal act at the child care.
- The licensee uses illegal drugs or alcohol or abuses prescription drugs.
- The licensee knowingly allows a staff or household member to make false statements on employment or background check applications related to their suitability or competence to provide child care.
- The licensee fails to provide the required level of supervision for children in care.
- The licensee cares for more than the allowed number of children.
- The licensee refuses to allow DEL authorized staff access during child care hours to:
  - Requested information.
  - The licensed space.
  - Child, staff or program files.
  - Staff or children in care.
- The licensee is unable to manage the property, fiscal responsibilities or staff in the facility.
- The licensee cares for children outside of the ages stated on the license.
- The licensee does not provide the required number of qualified staff to care for children in attendance.

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## **PROBATIONARY LICENSE (See: WACS [170-296A-8250, 8275, 300, 8325](#))**

**Basis for offering a probationary license:** DEL's decision to offer a probationary license must be based on a current or a history of **negligent or intentional noncompliance** with licensing rules. Other factors relevant to the specific situation and consistent with the intent or purpose of chapter 43.215 RCW that are in violation may also be considered. As part of a corrective action plan for a licensee operating under a nonexpiring license, a licensee may be referred for technical assistance and may be issued a probationary license.

**Notify parents and guardians:** When the probationary license is issued, the licensee must provide the parents and guardians of enrolled children notice of the probationary license (in a DEL approved format) within five working days of receiving the probationary license.

**Notify DEL:** The licensee must inform DEL that parents and guardians of enrolled children were informed of the probationary status. This information must be posted in the FHCC and any new children's parents and guardians must continue to be informed during a probationary licensing period. The nonexpiring full license must be returned to your local DEL office. For a list go to [www.del.wa.gov/about/contact.aspx](http://www.del.wa.gov/about/contact.aspx).

**Refusing a probationary license or a facility compliance agreement is the right of a licensee. This refusal may result in DEL modifying, not continuing, suspending or revoking the license.**

### **Providing unlicensed care (See WACs [170-296A-8350, 8375](#))**

DEL will inform individuals who have been providing unlicensed care in their home, a written notice within 10 days to explain:

- Why a child care license is needed, and
- Why the individual must immediately stop providing child care.

The individual will be asked to verify in a written agreement that if they want to be licensed they:

- Will attend the next available DEL child care orientation,
- Will submit a licensing application for FHCC, and
- Understand that DEL has the authority to fine up to \$150 per day for each day the unlicensed child care continues.

DEL will inform the individual:

- How to apply for a license.
- How fines may be suspended or withdrawn if the individual applies for a license.
- That they have the right to request an adjudicative hearing if a fine is assessed.
- How to request a hearing.

Per state law, DEL posts information on its website about individuals providing care without a license if they do not submit an agreement to obtain a license within 30 days from the date of the written notice.

### **Hearing process (WAC [170-296A-8400](#))**

Information about the FHCC provider's rights and how to request a hearing are provided when there is an enforcement action imposed.

### **Moving the location of the FHCC**

You are licensed for the specific space in your home that was submitted in your initial license application with a floor plan diagram and later inspected by a DEL licenser (WAC [170-296A-1475](#)).

Before you move your child care space, even if it is only to other unlicensed parts of your home, you must first notify DEL. You will also have to submit an application 90 days before moving. You may not operate for more than two weeks following a move without a DEL inspection. Moving without informing DEL or submitting an application after a move will result in the license being invalidated on the date of the move. A new application would then be required to reinstate the license following WAC [170-296A-1250](#).



**Report change in circumstances**

The following changes in a licensee's circumstances must be reported within 24 hours

**(WAC 170-296A-1525):**

- Household members age 16 or older moving into or out of the home.
- Fire or other structural damage to FHCC licensed and unlicensed parts of the premises.
- An updated floor plan must be submitted and approved by DEL before structural changes are made or changing licensed space usage.
- After a licensee becomes aware of a charge or a conviction for the licensee, staff person, or household member that is a disqualifying crime under WAC 170-296A-0120.
- After the licensee becomes aware of an allegation or a finding involving child abuse or neglect of a child or vulnerable adult for the licensee, staff person or household member.

**Multiple licenses, certifications or authorizations**

DEL must approve having a child care license and another care giving license, certification or similar authorization (WAC 170-296A-1600). Possible enforcement actions that may occur if any of the health and safety needs of the children are not being met in any license, certification or authorization may include: modification, giving up of one of the licenses, suspension, denial or revoking the child care license.

**Exceptions to rules**

DEL cannot waive a requirement in a state or federal law. An exception to a FHCC licensing rule may be approved only for a specific purpose or child (WAC 170-296A-1625). **The exception to the rule must be put in writing on a DEL form, submitted by a DEL licensor and then approved by the DEL director or designee.** All exceptions to rules are time-limited and must be posted for public view in the FHCC, unless it relates to a specific child. A denial of a requested exception to a FHCC licensing rule is not subject to appeal.

**Alternative method of meeting a requirement**

An alternative way to meet a requirement's intent should not jeopardize the health, safety, welfare of

the children in care. A copy of an approved exception must be posted in the FHCC for parent and public view (WAC 170-296A-1650).

**Resources: Local and state level sources of information and support****Child Abuse and Neglect Reporting  
Department of Social and Health Services  
(DSHS) - Children's Administration**

Reporting suspected child abuse and neglect  
1-866-ENDHARM

[www.dshs.wa.gov/ca/safety/abuseReport.asp?2](http://www.dshs.wa.gov/ca/safety/abuseReport.asp?2)

**Child Care Licensing Questions  
for the state of Washington  
Department of Early Learning (DEL)**

1-866-482-4325

[www.del.wa.gov](http://www.del.wa.gov)

Licensing / Provider Line - 1-888-270-0614

**DEL Child Care Licensing Rules**

<http://apps.leg.wa.gov/WAC/default.aspx?cite=170>

**Child Care Subsidy Information  
for the state of Washington****Working Connections Information Phone  
(WCIP) for Child Care Providers**

1-866-218-3244- Available 24 hours a day;  
English and Spanish

**Working Connections Child  
Care Provider Line**

1-800-394-4571- Language assistance available;  
Email: [providerhelp@dshs.wa.gov](mailto:providerhelp@dshs.wa.gov)

**DSHS Provider Line**

1-877-394-4571 (statewide toll-free number)

**Complaint Investigations: A Guide  
for Licensed Child Care Providers**

[www.del.wa.gov/publications/licensing/docs/ProviderComplaint.pdf](http://www.del.wa.gov/publications/licensing/docs/ProviderComplaint.pdf)

**Food and Nutrition Resources**  
**Office of Superintendent of Public Instruction**  
(OSPI)  
[www.k12.wa.us/ChildNutrition/Programs/CACFP/Training.aspx](http://www.k12.wa.us/ChildNutrition/Programs/CACFP/Training.aspx)

**Child and Adult Care Food Program (CACFP)**  
[www.fns.usda.gov/cnd/care](http://www.fns.usda.gov/cnd/care)

**Social Service Programs in the state of Washington**  
**Department of Social and Health Services (DSHS) Programs**  
[www.dshs.wa.gov](http://www.dshs.wa.gov)

**Union Representation for FHCC in the state of Washington**  
Service Employees International Union Local 925 (SEIU 925)  

- [www.seiu925.org](http://www.seiu925.org)
- **SEIU 925 Member Support** 1-877-734-8673
- **SEIU 925 Health Care** 1-866-771-7359

SEIU 925 represents licensed family home child care providers and in-home and relative child care providers in the state of Washington. The Collective Bargaining Agreement (CBA) outlines the provisions and benefits for SEIU 925 members negotiated between SEIU and the State of Washington.

## National FHCC resources

**Center for the Child Care Workforce**  
[www.ccw.org](http://www.ccw.org)

**Cooperative Extension: National Network for Child Care**  
[www.nncc.org](http://www.nncc.org)  
Articles on business issues

**National Association of Child Care Resource and Referral Agencies**  
[www.naccrra.net](http://www.naccrra.net)

**National Association for the Education of Young Children**  
[www.naeyc.org](http://www.naeyc.org)

**National Association for Family Child Care**  
[www.nafcc.org](http://www.nafcc.org)

**National Child Care Information Center**  
[www.nccic.org](http://www.nccic.org)

Information on public policy, research  
Sponsored by the Child Care Bureau, U.S.  
Department of Health and Human Services

**National Resource Center for Health and Safety in Child Care and Early Education**  
<http://nrckids.org>

**Redleaf National Institute: The National Center for the Business of Family Child Care**  

- <http://redleafinstitute.org>
- [www.redleafinstitute.org/pdfs/gettingstarted.pdf](http://www.redleafinstitute.org/pdfs/gettingstarted.pdf)

## Resources: A Short list to get you started in FHCC

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>

Armstrong, L. (2012). *Family Child Care Homes- Creative Spaces for Children to Learn*. St. Paul, Minn.: Redleaf Press.

Copeland, T. (2006 – present). See: Family Child Care Business Curriculum explored in a series of short books, podcasts and articles at: [www.tomcopeland.net](http://www.tomcopeland.net). Some of the topics available are: *Family Child Care (FCC) Business Planning Guide, FCC Contracts and Policies, FCC Inventory- Keeper, FCC Marketing Guide and FCC Record Keeping Guide*.

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Children from Birth Through Age 8*. 3rd ed.  
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Modigliani, K. & Moore, E. (2004). *Many  
Right Ways: Designing Your Home Child  
Care Environment*. Columbia, MD: The  
Enterprise Foundation. (Available in  
Spanish).

Harms, T., Cryer, D. & Clifford, R. (2007).  
*Family Child Care Environmental Rating  
Scale, Revised Edition*. New York: Teachers  
College Press, 2007. Only for experienced  
early childhood practitioners and instruc-  
tors. Training required to use this tool which  
consists of 38 items selected to provide a  
comprehensive assessment of family child  
care programs for children birth to 12. The  
items are organized in seven categories:  
space and furnishings, personal care rou-  
tines, listening and talking, interaction, pro-  
gram structure, and parents and provider.

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# Definitions Used in FHCC Licensing

The following definitions are provided to help you understand and interpret the terms used in this guidebook. To see the complete list of definitions used in FHCC licensing WACs, please visit the DEL website at [www.del.wa.gov/laws/rules/licensing.aspx](http://www.del.wa.gov/laws/rules/licensing.aspx). Refer to WAC [170-296A-0010](#). Please note as you read that the starred (\*) definitions are not included in the WAC but are used in this guidebook.



Also especially note that **definitions that were changed during the Negotiated Rule-making Process ending in 2012, are underlined in order to bring them to your attention.**

**Accessible to children** means areas of the facility and materials that the children can easily get to on their own.

**Available** means accessible and ready for use or service.

**Bathroom** means any room containing a built-in flush-type toilet.

**Capacity** means the maximum number of children the licensee is authorized by the department to have in care at any given time.

**Child** means an individual who is younger than 13, including any infant, toddler, preschool-age child, or school-age child as defined in this chapter.

**Child abuse or neglect** has the same meaning as “abuse or neglect” under RCW [26.44.020](#) and chapter [388-15](#) WAC.

**Child care** means the developmentally appropriate care, protection, and supervision of children that is designed to promote positive

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growth and educational experiences for children outside the child's home for periods of less than 24 hours a day.

**Clean or cleaning** means to remove dirt and debris (such as soil, food, blood, urine or feces) by scrubbing and washing with a soap or detergent solution and rinsing with water. Cleaning is the first step in the process of sanitizing or disinfecting a surface item.

(\*) **Colleges and Universities** means institutions of higher learning that offer courses and workshops in child development, early childhood education and related areas. See the resources section for contact information for your local community, technical and university early childhood education programs.

(\*) **Communicable disease** means a disease caused by a microorganism (bacterium, fungus or parasite) that can be transmitted from person to person via an infected body fluid or respiratory spray, with or without an intermediary agent (such as a louse or mosquito) or environmental object (such as a table surface).

**Confidential** means the protection of personal information, such as the child's records, from persons who are not authorized to see or hear them.

**Denial of a license** means an action by the department to not issue a child care license to an applicant for an initial license, or to a licensee operating under an initial license seeking a nonexpiring full license, based on the applicant's or initial licensee's inability or failure to meet the requirements of chapter [43.215](#) RCW or requirements adopted by the department pursuant to chapter [43.215](#) RCW.

**Department or DEL** means the Washington State Department of Early Learning, which is responsible for licensing and monitoring child care providers.

**Developmentally appropriate** means curriculum, materials or activities provided at a level that is consistent with the abilities or learning skills of the child.

(\*) **Developmentally appropriate practices or DAP**, means caregivers interact with children as individuals, in ways that fit their age and stage of development, and are responsive to their social and cultural context<sup>1</sup>.

**Discipline** means a method used to redirect a child in order to achieve a desired behavior.

**Disinfect or disinfecting** means to eliminate virtually all germs on a surface by the process of cleaning and rinsing, followed by:

- (a) A chlorine bleach and water solution of appropriate concentration; or
- (b) Other disinfectant product if used strictly according to the manufacturer's label instructions including, but not limited to, quantity used, time the product must be left in place, adequate time to allow the product to dry or rinsing if applicable, and appropriateness for use on the surface to be disinfected. Any disinfectant used on food contact surfaces or toys must be labeled safe for food contact surfaces.

(\*) **Diversity** means individual differences, including but not limited to race, culture, gender, ethnicity, religion, differing abilities, marital status, sexual orientation, language, national origin, and socioeconomic status.

**DOH** means the Washington State Department of Health.

**DSHS** means the Washington State Department of Social and Health Services.

**Enforcement action** means a department issued:

- (a) Denial, suspension, revocation or modification of a license;
- (b) Probationary license;
- (c) Civil monetary penalty (fine); or
- (d) Disqualification from having unsupervised access to children in care.

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<sup>1</sup> (Copple & Bredekamp, 2009)



**Family home child care** means a facility licensed by the department where child care is provided for 12 or fewer children in the family living quarters where the licensee resides as provided in RCW 43.215.010 (1)(c).

**Family living quarters** means a licensee's or license applicant's residence and other spaces or buildings on the premises that meet the facility requirements of this chapter and are approved by the department for child care.

**Fine** has the same meaning as "civil monetary penalty," "civil fines," or "monetary penalty" under chapter 43.215 RCW.

**Inaccessible to children** means an effective method or barrier that reasonably prevents a child's ability to reach, enter, or use items or areas.

**Infant** means a child birth through 11 months of age.

**Licensed space** means the indoor and outdoor space on the premises approved by the department for the purpose of providing licensed child care.

**Licensee** means the individual listed on a family home child care license issued by the department of early learning authorizing that individual to provide child care under the requirements of this chapter and chapter [43.215](#) RCW.

**Licensors** means an individual employed by DEL and designated by the director to inspect and monitor an agency or other child care facility for compliance with the requirements of this chapter and chapter [43.215](#) RCW.

**MERIT** means the managed education registry information tool used to track professional development for early learning professionals.

**Modification of a license** means department action to change the conditions identified on a current license.

**Nonexpiring full license** or **nonexpiring license** means a full license that is issued to a licensee following the initial licensing period as provided in WAC [170-296A-1450](#).

**Nonprescription medication** means any of the following:

- (a) Nonaspirin and aspirin fever reducers or pain relievers
- (b) Nonnarcotic cough suppressants
- (c) Cold or flu medications
- (d) Antihistamines or decongestants
- (e) Teething pain reducers
- (f) Vitamins
- (g) Ointments or lotions specially intended to relieve itching
- (h) Diaper ointments and talc free powders specially used in the diaper area of children
- (i) Sunscreen
- (j) Hand sanitizer gels, or
- (k) Hand wipes with alcohol

**One year of experience** means at least 12 months of early learning experience as demonstrated by a resume and references:

- (a) In a supervisory role in a child care setting where the individual was responsible for supervising staff and complying with licensing standards, or
- (b) As a Washington state:
  - (i) Child care center or school-age center director, program supervisor, or lead teacher as defined in chapters [170-151](#) and [170-295](#) WAC; or
  - (ii) Family home child care licensee or qualified primary staff person.

**Overnight care** means child care provided for a child anytime between the hours of 8 p.m. and 6 a.m. that includes a sleep period for the child.

**Personal needs** means an individual's hygiene, toileting, medication, cleansing, eating or clothing needs. "Personal needs" does not mean smoking or use of tobacco products, illegal drug use or misuse of prescription drugs, conducting business or

related activities, sleeping or napping, screen time, or leaving children in care unattended.

**Physical restraint** means the practice of rendering a child helpless or keeping a child in captivity.

**Poison** is substances, chemicals, chemical compounds (other than naturally occurring compounds such as water or salt), or similar items, that even in small quantities are likely to cause injury or illness if swallowed or comes into contact with a child's skin, eyes, mouth, or mucus membranes.

**Premises** means the licensed or unlicensed space at the licensed address including, but not limited to, buildings, land and residences.

**Preschool age child** means a child 30 months to 5 years of age who is not attending kindergarten or elementary school.

**Primary staff person** means a staff person other than the licensee who has been authorized by the department to care for and have unsupervised access to children in care.

**RCW** means Revised Code of Washington.

**Revocation** or **revoke** means the formal action by the department to close a child care business and take the license due to the licensee's failure to comply with chapter [43.215](#) RCW or requirements adopted pursuant to chapter [43.215](#) RCW.

**Sanitize** means to reduce the number of microorganisms on a surface by the process of:

- (a) Cleaning and rinsing, followed by using:
  - (i) A chlorine bleach and water solution of appropriate concentration, or
  - (ii) Another sanitizer product if used strictly according to manufacturer's label instructions including, but not limited to, quantity used, time the product must be left in place, and adequate time to allow the product to dry, and appropriateness for use on the surface to be sanitized. If used on food contact surfaces or toys, a sanitizer product

must be labeled as safe for food contact surfaces, or

- (b) For laundry and dishwasher use only, "sanitize" means use of a bleach and water solution or temperature control.

**School-age child** means a child 5 to 12 years of age who is attending kindergarten or school.

**Screen time** means watching, using or playing television, computers, video games, video or DVD players, mobile communication devices, and similar devices.

**Special needs accommodations:** DEL may approve accommodations to requirements in licensing standards to meet the special needs of an individual child. This requires a written plan submitted to DEL, signed by the parent or guardian that describes how those needs will be met. Documentation of the child's special needs provided by a licensed or certified physician or other relevant mental health professional, education, social worker (BA or higher), registered nurse or advanced registered nurse practitioner. This documentation must be in the form of an individualized education plan (IEP), individual health plan (IHP), or individual family plan (IFP). This documentation should be kept in a child's file in the child care and a copy sent to DEL. See WAC [170-296A-0050](#).

**Sleeping equipment** includes a bed, cot, mattress, mat, crib, bassinet, play yard or "pack and play." "Sleeping equipment" does not include any car seat or infant swing.

**Staff**, unless referring specifically to a "primary staff person," means any primary staff person, assistant, or volunteer helping to provide child care, or a household member acting in the capacity of a primary staff person, assistant or volunteer, whether compensated or not compensated.

**STARS** The unit of continuing education required by WAC. FHCC providers earn STARS hours for professional development that is aligned with the Washington State Core Competencies and delivered by a state-approved trainer.

**Suspension of a license** means a formal department action to stop a license pending a department decision regarding further enforcement action.

**Toddler** means a child 12 to 29 months of age.

**Unlicensed space** means the indoor and outdoor areas of the premises, not approved as licensed space by DEL, that the licensee must make inaccessible to the children during child care hours.

**WAC** means the Washington Administrative Code.

**Weapons** means an instrument or device of any kind that is used or designed to be used to inflict harm including, but not limited to, rifles, handguns, shotguns, antique firearms, knives, swords, bows and arrows, BB guns, pellet guns, air rifles, electronic or other stun devices, or fighting implement.

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## Appendix A: FHCC- Initial Application Requirements (WAC 170-296A-1250)

Use this check list to be sure you have everything required in your initial licensing application packet to be submitted to DEL. Remember it may take up to 90 days for this to be processed.

Initial Licensing Application Packet Checklist Contents		
1.	Completed, signed and dated application form	
2.	License fee of \$30	
3.	Background check forms for all people listed in WAC <a href="#">170-06</a>	
4.	Verification of orientation attendance (Copy of DEL Family Home Orientation Certificate)	
5.	Copy of current government issued photo identification	
6.	Documentation of high school diploma or equivalent education	
7.	Resume	
8.	Three references from individuals not related to the applicant (including names, addresses, email, phone)	
9.	Copy of Social Security card or declaration of not having a Social Security card	
10.	Copy of Federal Employer Identification Number if you plan to employ staff	
11.	Copy of TB test results for everyone identified in WAC <a href="#">170-296A-1750</a>	
12.	Copy of current CPR/First Aid cards	
13.	Copy of current HIV/AIDS training	
14.	Copy of Washington state food handler permit	
15.	A copy of the parent/guardian policies (handbook)	
16.	Proposed floor plan	
17.	Proof of current liability insurance or written notice of insurance status	
18.	The following documents need to be received within 60 days of the application date: <ul style="list-style-type: none"> <li>• Septic system inspection report, if applicable</li> <li>• Well water testing report, if applicable</li> <li>• Lead or arsenic evaluation agreement; if applicable</li> </ul>	
19.	Any other documents requested.	
<b>See: Details about FHCC licensing application requirements under WAC <a href="#">170-296A-1250</a>.</b>		

## Appendix B: FHCC Floor Plan Sketch Guide

Applicant/Licensee Name:	Phone#:
Physical Address:	Email:

**Instructions:** Sketch a basic floor plan of your home. If your home has more than one level, include a floor plan of each level that will be used for child care activities. (See: WAC [170-296A-1250, 2175, 2825, 2950, 3000, 2825](#))

**The floor plan should include the proposed:**

- Licensed space
- Licensed space usage
- Evacuation routes and emergency exits
- Unlicensed space
- Licensed space used specifically for sleeping infants, if applicable
- Licensed space used for sleeping children for overnight care, if applicable

**On the sketch of the floor plan identify (mark) the following items:**

- Emergency exit doors
- Emergency exit windows
- Emergency exit pathways
- Location of each smoke detector, carbon monoxide detector (if applicable, see 2950) and fire extinguisher
- Length and width measurements or square footage of the usable floor space in each room for child care activities
- Relative location or a written description of where children and staff will gather away from the building pending arrival of the fire department or emergency response







## 2. THE LICENSEE AND STAFF

In this section you will learn about:

- The Family Home Child Care (FHCC) Provider's Duties and Roles
- The Importance of Caring and Responsive Relationships
- The Licensee, Staff and Volunteer Qualifications
- Professional Development (PD) Plans
- Documenting Staff Qualifications
- The Licensees as Small Business Owner and Program Leader
- Resume or Application
- Interview and Hiring
- Staff Policies
- Professional Code of Ethical Conduct

*“Plan on it taking at least six months to get up and running.”*

– Robyn Meadows, one year experience, Lacey

*“Make sure your home can comply with the WACs before deciding to license it otherwise the cost might not be worth it. Do as many tasks during child care hours (as possible) so off hours are off.*

*“I have increased my knowledge by being a member with CCFCA which stands for Clark County Family Child Care Association, and I’ve taken multiple classes at Clark College to work on my Associate’s degree in early childhood education.”*

– Alexandra Batman, 5 years’ experience, Vancouver, WA

# The FHCC Provider's Duties and Roles



A FHCC provider operates a home-based business and is a caregiver and educator of young children. Many decisions will need to be made as a child care program is developed. It is important to remember the family perspective as these decisions are being made. Families look for caregivers who are dedicated, nurturing and dependable, and focus on safety, health, development and learning. Finding the right person to care for their children is more important to parents than interesting materials to explore or an impressive website, even though those things can be very positive additions to your program. Consider:

- What works best for me as a child care provider with the experience and education that I have?
- What works best for the families in my area that I will serve?
- How do I comply with licensing standards?
- What local program and business resources are available to support me to gather the information I need to make these decisions?
- Who are the people who will serve as knowledgeable FHCC mentors and coaches to me?

Many providers choose (if licensing requirements are met), to care for:

- **A mixed-age group** of a maximum of 12 children that may range from infancy through age 12.
- **Only one age group** of fewer children, such as infants and toddlers, preschoolers or elementary-age children after school.
- **Fewer children when first opening.** Later many FHCC providers expand after they have been successful for a period of time and have gained skills and/or education to allow them to increase the number of children they serve.

Deciding whether to manage and care for fewer children by yourself or to hire additional staff and serve more children has financial and program implications. Ask yourself:

- What seems best for me, as a person striving to be a high-quality FHCC provider and as a successful small business owner?
- Do I have enough experience to care for a larger number of children?
- Do I want to hire primary staff and assistants to share the responsibilities of planning experiences and caring for a larger number of children?
- Do I want to recruit paid and/or volunteer support for managing some of the business duties such as budgeting, keeping updated records, paying taxes, or for maintaining the program's offering of nutritious food in a healthy, clean and safe environment?
- Will I plan to meet the needs of the program and the business by myself but with mentorship and support from local community resources and other FHCC providers in the area?

# The Importance of Caring and Responsive Relationships

FHCC has the potential to be the ideal first experience outside of the child's own home and family. Social and instructional interactions between adult caregivers and the child are strong predictors of positive child outcomes.<sup>1</sup> The traditional FHCC strength of focusing on responsive and caring relationships is exactly what many parents and researchers identify as the most important factors in promoting a young child's emotional, social and intellectual development.

**Responsive and caring relationships:** When parents and guardians choose child care, they are most concerned about feeling comfortable with the people who will care and educate their children. Families may not always be able to put into words why they feel good or worried about a specific caregiver, but research supports family intuition. The quality of the caregiver's or teacher's interactions is the most important factor in the overall quality of early learning and child care programs.



**Consider:** Am I able to be emotionally responsive and supportive in my caregiving and teaching, and foster overall positive adult-child relationships?

If you are able to answer “Yes!,” you are doing what matters most in promoting children's development and later academic achievement.<sup>2</sup> Putting into practice these relationship-based values and abilities, means you are more likely to maintain your program's overall quality and partner well with the children and families you serve.

**Culturally responsive:** A large part of feeling comfortable with a caregiver is families' sense that they are respected. Building a respectful relationship requires striving to understand the family culture as part of

<sup>1</sup> LoCasale-Crouch, et. al., 2007

<sup>2</sup> O'Conner & McCartney, 2007; Mashburn et al, 2008.

an overall supportive partnership. Families' "gut feelings" that your child care is right for them often relates to how you are able to reflect their cultural values, attitudes and beliefs in the experiences in your program. Sensitive caregivers never forget that children are nurtured in their family culture (National Center for Cultural Competence, 2004). **See Section Four: The Care and Education of Young Children** for a more in-depth discussion of striving to create a culturally and linguistically relevant FHCC program.

### **Partnering with families to support learning:**

Helping parents support their child's learning and social-emotional growth is another key to what matters most in quality early learning programs<sup>3</sup>. Skilled caregivers who work in healthy and safe programs that meet or exceed licensing requirements (for example: having appropriate caregiver-child ratios and group sizes, age appropriate curriculum, links to community resources, culturally responsive care and ongoing provider professional development) also model for families how to support their child's learning and growth.

**Professional development:** Families also want to know what their child will learn in your program. A commitment to ongoing professional development supports your ability to give children learning experiences that help them gain skills required for later success in school and life.<sup>4</sup>

Providing individualized supports for children's learning<sup>5</sup> is another sign of a high-quality early childhood program. All children need care that fits their temperament, learning needs, age, development, culture and family context. Children who have identified special needs or who are at risk for delays need a caregiver who knows how to partner with families and local early intervention services to support specific care and education plans. This may require partnering with other professionals and the family to reflect on the child's experiences and use what you observe and learn to support the child's specific needs.

Choosing to take professional development courses, workshops or to be mentored in areas such as language, literacy, math, physical and social-emotional development (See: *Washington State Early Learning and Development Guidelines*, 2012) is a sign to your enrolled families that you care enough about their children to keep growing and learning, too!

When you are able to explain your purpose for the program choices you make, you are becoming an intentional caregiver and teacher. If you teach parents awareness of what their children are learning when they play, then they may also become more intentional and nurturing in their choices.<sup>6</sup> When you model responsive, nurturing care and education choices, you may positively impact a child's entire family.

Professional development is an ongoing and career-long activity. Remember, there are many other professionals in your community who want to join with you and support your learning about quality care and education. You are not alone! Reach out to the organizations listed in the resources throughout and at the end of this section.

## ***Building brains***

Infancy through the early elementary school years establishes the foundation for a child's success in school and life. We know that young children learn through relationships, play and exploring their world. For young children, every moment of their day presents an opportunity to learn.

When a toddler throws a ball to a trusted caregiver, all areas of their development are engaged. This simple act is part of a toddler's growing ability to control large and small muscles in the arm and hands (physical development). It is also part of a process of the increasing development of *impulse control* and *joint attention* when, for example, the toddler waits a moment to throw a ball until the teacher looks up and says, "Throw it to me!"

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3 Powell et al, 2010; Reese et al, 2010.

4 Kendeous et al, 2009.

5 Smith et al, 2009.

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6 (Copple & Bredekamp, 2009; Epstein, 2007)



This is a sign of the growing *executive function* or toddler *self-management*, aided by neurons connecting in the developing brain. Finally, the huge smile of delight when the caregiver says, “Yeah! You did it!” and catches the ball is often a sign of the development of a secure relationship with one of the first adults outside of the child’s family or primary caregiver network. Emotional, social, physical and intellectual development grows every day through a child touching, seeing, hearing, moving, communicating and connecting with the people and the world all around them.<sup>7</sup>

**The role of the early childhood professional** is not just important, it is critical for the child’s learning and social-emotional development for the rest of his life. All the adults in the FHCC program, including the licensee, staff, volunteers, household members and their relationships, interactions, requirements and qualifications are examined in Section Two.

## Reflect

Do you have experience **fostering caring and responsive relationships** with children and families? What are your strengths and areas for growth? More ideas are available in the *Washington State Early Learning and Development Guidelines* (2012) at: [www.del.wa.gov/publications/development/docs/Guidelines.pdf](http://www.del.wa.gov/publications/development/docs/Guidelines.pdf)

Use the Washington Early Learning and Development Guidelines to consider the following questions:

1. Choose one age group to read about “**building relationships**.” Consider a few new ideas you want to try or learn more about.
2. What local **cultural communities or specific family contexts** do you feel you are knowledgeable about? How might you gain skills to learn about families or local communities that you do not have experience with? For more ideas read about “**me and my family and culture**” in every section of the Early Learning

Guidelines. Consider trying a few new ways to connect with families, or exploring new ideas you want to learn more about.

3. **Four elements of child care quality** that are essential in promoting children’s development are:

- Emotionally responsive and supportive relationships.
- Learning experiences that help children gain skills needed for later life and academic success.
- Individualized supports for children’s learning.
- Partnering with families.

Interview a FHCC provider you know and ask for examples of strategies they have in these four areas. If you do not know any FHCC providers, use the *Washington State Early Learning and Development Guidelines* (2012) as a resource for ideas as you develop your FHCC program plans and continue to read this guidebook.

<sup>7</sup> Shonkoff & Phillips, 2000.

*“I am a second-generation provider, so I grew up in a family child care home..... Edmonds Community College (helped with the) ... opportunity to get a Child Development Associates Credential. Another way we have increased our family home child care quality is by joining the South Snohomish County Family Child Care Association. This is a group of local providers who meet once a month and discuss family child care issues. We talk about child care problems, parent problems, what works, what doesn't work, art projects, tour of homes .... Every child care provider needs another child care provider MENTOR... a must. It helps to keep us in line with what is happening in the child care world. And we can bounce ideas off each other. We all need working associates. Child care can be a very isolating business, get some provider friends, ask questions, meet with other providers, take classes, enjoy the children!”*

– Bonnie Belle Senter, 38 years' experience, Lynnwood

# The Licensee, Staff and Volunteer Qualifications

Child growth, health, development and safety are related. People who care for children need to understand these relationships. Meeting qualification requirements is an important way to ensure all adults working with children in your FHCC have the knowledge and skills to protect children from harm and to promote their health and well-being.



Staff qualifications must show evidence of the ability, knowledge, and willingness to uphold the public trust in the care of children. Most health and safety practices in Washington's licensing rules, called WACs, are based, in part, on the American Academy of Pediatric's document *Caring for our children* (2011). Optional reading of the chapter on staffing will allow you to examine best practices that in some cases exceed licensing requirements. See: [nrckids.org/CFOC3/PDFVersion/PDF\\_Color/Chapter01.pdf](http://nrckids.org/CFOC3/PDFVersion/PDF_Color/Chapter01.pdf).

**The required staffing WACs for licensee, staff and volunteer qualifications** are outlined in the chart below. Review the chart for qualifications by position and description, with special attention to what is required before being able to supervise children. For more clarification, go to the Washington Administrative Code at <http://apps.leg.wa.gov/wac/> and look up the WAC you want to read about, noted below for each qualification and position.

## Licensee, Staff and Volunteer Qualifications by Position and Description

See requirements for household members following this chart

**Key**    **X**    Required for position.  
           **\***    Must complete before working unsupervised with children.  
           **\*\***    Provide when first employed and once a year afterward. Retrain staff if violations occur.

Position ►	Licensee	Primary Staff Person	Assistant or Volunteer
Qualifications ▼			
<b>Minimum Age</b> WAC <a href="#">170-296A-1700</a> WAC <a href="#">170-296A-1900</a> WAC <a href="#">170-296A-1950</a>	18 years	18 years	14 years
<b>High School Diploma or Equivalent*</b> WAC <a href="#">170-296A-1725</a> WAC <a href="#">170-296A-1735</a>	<b>X</b> New licensees and people who are currently licensed must meet by 3-31-2017		

<b>Background Check*</b> WAC <a href="#">170-296A-1200</a> WAC <a href="#">170-296A-1225</a>	<b>X</b>	<b>X</b>	Noncriminal background check only at 14-16 years
<b>TB Test*</b> WAC <a href="#">170-296A-1750</a>	<b>X</b>	<b>X</b>	<b>X</b>
<b>DEL Orientation*</b> WAC <a href="#">170-296A-1125</a>	<b>X</b>		
<b>Child Care Basics* Training</b> WAC <a href="#">170-296A-1910</a>	<b>X*</b>	<b>X</b>	
<b>Ongoing Education</b> 10 Hrs. Annually WAC <a href="#">170-296A-1800</a>	<b>X</b>	<b>X</b>	
<b>Program Policy Trainings**</b> WAC <a href="#">170-296A-2425/5825</a> <b>Fire and Disaster</b> WAC <a href="#">170-296A-2875</a> <b>Child Abuse and Neglect</b> WAC <a href="#">170-296A-6050</a> <b>Guidance and Discipline</b> WAC <a href="#">170-296A-6225</a>	<b>X**</b>	<b>X</b>	<b>X</b>
<b>First Aid/CPR *</b> WAC <a href="#">170-296A-1875</a>	<b>X</b>	<b>X</b>	<b>X</b>
<b>HIV/AIDS</b> <b>Bloodborne Pathogens*</b> WAC <a href="#">170-296A-1850</a>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Food-handler Permit*</b> WAC <a href="#">170-296A-7675</a>	<b>X</b>	See WAC <a href="#">170-296A-7675</a> (3) regarding when staff must have a food-handler permit.	

Household members also must meet the following requirements.

<b>FHCC - Household Member</b> WAC <a href="#">170-296A-2100</a>		
<b>TB test</b> Results or Documentation WAC <a href="#">170-296A-1750</a>	<b>Background Check</b> WAC Chapter <a href="#">170-06</a>	<b>DEL Issued Non-criminal Background Check</b> WAC <a href="#">170-296A-1225</a>
16 years or older or 14 -16 years acting as an assistant or volunteer	16 years old and older	Ages 13 to 16 years

## Definitions and terms for the people in FHCC

**Staff** is used in this guide as a general term that means any primary staff person, assistant or volunteer who helps to care for children, or a household member who acts in the capacity of a primary staff person, assistant or volunteer, whether compensated or not compensated. Common terms used in early childhood education literature and in everyday language include child care professional, teacher, caregiver and educator. This guide varies these terms and also refers to **household members** or the persons who live in the household where FHCC is provided.

### The WACs define these terms precisely to mean:

**Licensee:** The person listed on a family home child care license authorizing them to provide child care under the requirements of chapter [43.215 RCW](#) and **WACs** in chapter [170-296A](#).

**Primary staff person:** The staff person, other than the licensee, who has been authorized to care for and have unsupervised access to children in care (**WAC** [170-296A-0010](#)).

**Assistants or volunteers:** Supervised by the licensee or primary staff person at all times, the assistants or volunteers must be within visual or auditory range of the licensee or primary staff person (**WAC** [170-296A-1925](#)).

**Minimum age:** The minimum age to be the FHCC licensee or primary staff person is 18 (**WAC** [170-296A-1700/1900](#)). Assistants and volunteers may be as young as 14 (**WAC** [170-296A-1950](#)).

**Minimum education: high school diploma or equivalent education:** New FHCC license applicants must show proof of having earned a high school diploma as a minimum level of education (**WAC** [170-296A-1725](#)). Currently licensed FHCC providers must meet the minimum educational level by March 31, 2017 (**WAC** [170-296A-1735](#)). Written proof of equivalent education will be accepted as:

- Passing the general educational development (GED) tests.
- Completion of 12 years of elementary and secondary education.
- Possessing a current child development associate (CDA) credential as approved through the Council for Professional Recognition.
- Completion of 45 credits of post-secondary education.

## Criminal background process and standards - refer to Section One: The Licensing Process

The process and regulations for all adults who interact with children in a FHCC are detailed in Section One. These standards are so important that the steps are briefly repeated here. A FHCC may not be licensed without a background clearance meeting all the requirements for licensee, staff, volunteers and household members. (**WAC** [170-296A-1200/1450/1225](#)).

**Portable background checks:** Registering in MERIT is the first step in accessing the online background check process. First learn how to obtain a MERIT user identification and password at: [www.del.wa.gov/publications/licensing/docs/MERIT\\_ProviderManual.pdf](http://www.del.wa.gov/publications/licensing/docs/MERIT_ProviderManual.pdf). Contact a local DEL licensing office if you are unable to complete the online application process. They will provide

you with instructions on submitting a paper application. By registering in MERIT, you will be prompted by subsequent emails to complete all required background checks. A DEL background check is required and a clearance (authorization) obtained for each of the following persons in your FHCC:

- The licensee.
- Each new staff person or volunteer age 16 or older.
- Each individual age 16 or older who resides in the home.
- Each individual age 16 or older who moves into the home.
- Any individual age 16 or older who may have unsupervised access to children in care ([WAC 170-296A-1200](#)).

### **Obtain background clearance for all required persons**

DEL will screen an applicant for a criminal background by reviewing the results of a fingerprint check, looking into any prior license history, and checking if any child abuse and neglect information exists. After reviewing all the information, DEL staff will decide whether an applicant is able to offer safe, healthy care for children. This is referred to as a **character, competency and suitability determination**. DEL staff complete the process by issuing a final determination of **cleared** or **disqualified**.

### **Fingerprint-based FBI background checks**

Any of the persons required to have a background check (the licensee, staff persons, persons residing in the home over age 16 or persons with unsupervised access to children in care) who have lived in Washington for fewer than three years must also complete the DEL fingerprint process. **Each individual seeking a first-time DEL background check must also undergo a fingerprint-based FBI background check (RCW 43.215.215)**. As of 2012-13, the fee for fingerprints is approximately \$44 for an early learning position applicant or \$42 for a volunteer in a licensed setting. If you need to obtain a fingerprint-based FBI background check, you will receive an email generated from MERIT.

**Documentation of background clearance:** The licensee must keep background check clearance (authorization) letters on file for each licensee, primary staff person, assistant, or volunteer who works in the licensed home. **No background clearance = No unsupervised access to children in care.** The licensee must not allow any individual who has not been authorized by DEL to have unsupervised access to the children in care at any time.

**Noncriminal background checks:** Each volunteer or assistant ages 14 to 16 and each individual ages 13 to 16 who resides in the licensee's home must undergo a noncriminal background check ([WAC 170-296A-1225](#)).

**Report new criminal history information to your licenser.** Even if you are cleared you must report within 24 hours any knowledge of new non-conviction and conviction information listed in the crimes found in **WAC 170-06-0120** or reasonably related to the list. This includes any new information about employees, household members or people who have unsupervised access to children in your care.

**Annual verification of background checks.** The licensee must verify annually that each individual who is required to have a background check has either obtained a DEL clearance or has applied for a DEL background check. The verification must be submitted with the licensee's annual license fee and declarations required under [WAC 170-296A-1450](#).



## Health documentation - tuberculosis

Before becoming licensed or working with children, the following individuals are required to provide the results and follow up of a tuberculosis (TB) screening, using the Tuberculin Skin Test

(TST) or IGRA (interferon gamma release assay):

- Licensing applicant.
- Each staff person 14 years old and older.
- Each household member 16 years old and older.

The TB screening results need to show one of the following:

- A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) completed within 12 months before license application or employment.
- A previous or current positive TST or positive IGRA with documentation within the previous 12 months of a chest x-ray with negative results.
- Proof of therapy for active or latent TB disease and is cleared to safely work in a child care setting ([WAC 170-296A-2875](#)).

People with a reactive TST or positive IGRA need a chest x-ray without evidence of active pulmonary disease and/or documentation of completion of therapy for latent tuberculosis infection (LTBI) or completion of therapy for active disease. A physician must clear these people to work in child care.

Young children acquire tuberculosis infection usually from adults. Tuberculosis organisms are spread by inhaling small particles produced by coughing or sneezing with a case of active pulmonary tuberculosis. Transmission usually occurs in an indoor environment. Infants and children under 12 months of age are most susceptible to invasive tuberculosis disease.<sup>1</sup>

## Health and safety training

Stay current with the required health and safety trainings and have documentation on site as evidence for your licenser that you have met these staff qualifications. Required health trainings are:

- Current first aid and infant, child and adult CPR training certification.
- HIV/AIDS training certification (also known as bloodborne pathogen training).

## First Aid/CPR (WAC 170-296A-1875)

The licensee and each staff person must have a current first aid and CPR certification. The first aid and CPR training must be certified by the American Red Cross, American Heart Association, American Safety and Health Institute or other nationally recognized authority approved by DEL. The training should include infant, child, and adult CPR and include a hands-on component.

## **HIV/AIDS bloodborne pathogen (WAC 170-296A-1850)**

Exposure to blood and other bodily fluids, such as minor cuts and scrapes, feces, nasal or eye discharge, saliva, urine or vomit are not uncommon in child care settings. Consequently the licensee, each staff and household member who is responsible for the care of children must complete a one-time training (See: chapter [70.24 RCW](#)) on the prevention and transmission of HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome).

Following such training the licensee will need to create a written bloodborne pathogen plan that includes: a list of the staff, volunteers and household members providing child care who may be exposed to bloodborne pathogen and procedures for cleaning up bodily fluid spills including the use of gloves, proper cleaning and disinfecting of contaminated items, disposal of waste materials and hand washing (See **Section Six: Program Policies and Practices, Recordkeeping, Reporting and Posting**).

### **Resource**

**Bloodborne pathogen, first aid and CPR training courses** may be offered by community and technical colleges, health departments, hospitals and the American Red Cross office. To find the nearest Red Cross office, visit [www.redcross.org](http://www.redcross.org) and enter your zip code under “Your Local Red Cross.”

## **Connect to quality indicators: physically and emotionally healthy staff needed**

Preventing licensing violations begins with the most important component of any child care program - the staff. While documenting staff qualifications (per WAC [170-296A-1750](#)) is required,

research on **best practices** suggest all adults should be physically and emotionally healthy enough to work with children. Best practice is suggested by *Caring for Our Children: National Health and Safety Performance Standards, 2011*. Before opening a program, all adults who work with children are encouraged to:

- Have an annual physical exam.
- Stay up to date with immunizations.
- Get an annual flu shot (if recommended by local and state health authorities).
- Get a substitute for yourself when you have an infectious disease.
- Make it your ethical duty to take care of yourself by monitoring your own stress levels.

The FHCC business owner who has a plan for substitute caregivers, position descriptions and policies in place for when they are ill or absent, is facilitating a healthy caregiving environment.

(See: WAC [170-296A-5775](#) and Section Six: Program Policies and Practices, Recordkeeping, Reporting and Posting).

**Continuity of care** for children includes low staff turnover and is a primary indicator of a quality child care program<sup>2</sup>. Being reliably and responsively present requires healthy staff. Enjoying your work with children is a priority for staying emotionally engaged and responsive. Bring yourself, your interests and your gifts to your work.

Some programs may highlight music, art, gardening or other passions of the caregivers in the planned activities. Children catch your positive emotions and benefit from your enthusiasm. It is good to know that taking care of yourself also makes your program for children better!<sup>3</sup>.

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FHCC licensees who make physical and emotional health a priority for themselves, their staff and family members are more likely to stay in business, retain their staff and volunteers and model best self-care practices for the enrolled families.

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## REFLECT

Caring for children all day is stressful and exhausting, and also rewarding. Plan to take good care of yourself. An optional resource comes from the Office of Superintendent of Public Instruction (OSPI). **The heart of learning and teaching: Compassion, resiliency and academic success** is available at:

[www.k12.wa.us/CompassionateSchools/pubdocs/TheHeartofLearningandTeaching.pdf](http://www.k12.wa.us/CompassionateSchools/pubdocs/TheHeartofLearningandTeaching.pdf)

Optional reading: *Self-Care: An Ethical Obligation for Those Who Care*, chapter two, and reflecting on pages 58-59 will support your efforts for **Building a Self-Care Action Plan**. Go to:

[www.k12.wa.us/CompassionateSchools/pubdocs/TheHeartofLearningandTeaching.pdf](http://www.k12.wa.us/CompassionateSchools/pubdocs/TheHeartofLearningandTeaching.pdf)

## Pre-service Education and Documentation Required Before Being Licensed

STARS training is required for licensed child care providers and their staff. Child Care Basics training is required before a child care license will be issued and a licensee is able to open for business (WAC [170-296A-1175](#)). Licensees and their staff are required to complete 10 hours of STARS continuing education training each year.

**MERIT: Managed Education and Registry Information Tool (MERIT)** is the statewide online training and career system tracking for early learning professionals. It helps manage STARS training and document your career pathway. MERIT will help you keep accurate training and education records, as well as help DEL to create a stronger statewide professional development system. DEL has several resources to guide you through using MERIT at [merit.del.wa.gov](http://merit.del.wa.gov). You can:

- [Read frequently asked questions \(FAQ\)](#).
- [Read the early learning professional user manual](#).
- Search for upcoming training events.

- Apply online for a STARS Identification number (or use a previous STARS ID).
- Begin an application or update your education information and training profile.

For more information on STARS and MERIT, see also **Section One: The Licensing Process**.

## Continuing education requirement (WAC 170-296A-1800)

DEL requires that the licensee and primary staff person complete a minimum of 10 hours of education each year. If you exceed this amount, you may carry over five additional hours into the next year. This education is in addition to the health and safety trainings that are required.

**Note:** Refer to **WAC [170-296A-1800](#)** and the DEL website for any future changes in the annual hours of required continuing professional development.

The continuing education requirement is an opportunity to see a professional development advisor at a community or technical college, early childhood education department, or to visit other professional development sources such as your local Child Care Aware office.

Some providers choose to pursue college credit or other higher education short certificates to enhance their work with children and expand their early learning career options, including increasing licensed capacity. Connection with a wider professional community of resources and support is another outcome to meeting an annual education requirement.

## *Core Competencies for the early care and education professional*

In 2009, the Washington state Legislature directed DEL to develop the **Core Competencies for the Early Care and Education Professional**. The skills and knowledge required for early childhood professionals were developed and are described within eight content areas as follows:

1. Child Growth and Development
2. Curriculum and Learning Environments
3. Ongoing Measurement of Child Progress
4. Families and Community Partnerships
5. Health, Safety and Nutrition
6. Interactions
7. Program Planning and Development
8. Professional Development and Learning

Educators who offer workshops and college courses will refer to these content areas and the skills and knowledge associated with these subjects. The **Core Competencies** are available at: [www.del.wa.gov/publications/partnerships/docs/CoreCompetencies.pdf](http://www.del.wa.gov/publications/partnerships/docs/CoreCompetencies.pdf).

In college courses, instructors will also refer to the six standards of the **National Association for the Education of Young Children (NAEYC) Standards for Early Childhood Professional Preparation programs**. These standards align with the Washington Core Competencies<sup>4</sup> and are as follows:

1. Promoting Child Development and Learning
2. Building Family and Community Relationships
3. Observing, Documenting and Assessing to Support Young Children and Families
4. Using Developmentally Effective Approaches to Connect Children and Families
5. Using Content Knowledge to Build Meaningful Curriculum
6. Becoming a Professional

### **Career lattice and planning for your learning:**

If you are unsure what classes you want to take for ongoing education and you want to create a plan to support a career in early childhood education, see your local community or technical college early childhood education advisor. Your local Child Care Aware staff will also support you in planning ongoing professional growth. Meeting the needs of your program, the needs of your staff, and working toward certificates and degrees in early childhood education requires advising and support.

It is good to know there are early childhood education advisors at your local community or technical college who understand FHCC. They will help you create a professional development plan that meets licensing requirements and your career goals, as well as advise you on available financial aid and scholarships. An advisor from a community or technical EC program will help you understand and assist you in your plan to move up the career lattice over time.

For more information, see [www.del.wa.gov/publications/PD/docs/Career\\_lattice.pdf](http://www.del.wa.gov/publications/PD/docs/Career_lattice.pdf).

# Professional Development (PD) Plans

One new FHCC provider's PD plan is given here as an example of planning for professional growth and learning:

<b>My PD Interests and Activities to Investigate</b>	<b>Career Planning and Guidance</b> Career Lattice Level and/or Core Competency Area	<b>Goals</b> Short- / Long-term	<b>Date</b> Start/Complete
1. Workshops/Training 2. College courses 3. Mentoring Program 4. PD Organizations 5. Other (describe)			
<i>Take a child guidance course at the community college.</i>	<i>See an early childhood education advisor at my local community college. Learn about the career lattice and core competencies for early childhood careers.</i>	<i>Short term goal = be more effective with children in my home child care.  Long term goal = earn a C.D.A.</i>	<i>Sept. To dec. Of this year.</i>
<i>Join my local family child care professional organization</i>	<i>Call my local child care aware for information.</i>	<i>Short term goal= meet other family cc providers.  Long term goal= improve my business practices.</i>	<i>Monthly meetings.</i>
<i>Learn about any available scholarships.</i>	<i>Go to community college early childhood dept., And child care aware for information.</i>	<i>Find support for the cost of my pd.</i>	<i>Ask about scholarships in all my pd activities.</i>
<i>Renew my required health and safety trainings to meet licensing requirements (cpr/first aid)</i>	<i>Find local dates and times of trainings.</i>	<i>Attend the local family child care association group meeting.</i>	<i>Find out when i must renew my required health and safety trainings.</i>

## Connect to child care quality indicators

Some providers choose to exceed the minimum annual education requirement. They will set professional goals to achieve credentials or other education to enhance their work with children and to expand their early learning career options, including increasing licensed capacity.

College advisors can share information with you about scholarships “and financial aid.

## Washington Early Achievers

(See: Section One – The Licensing Process)

Washington state received a four-year, \$60 million dollar federal grant (*Race to the Top- Early Learning*) in July 2012. Coaching, technical assistance, scholarships and incentives are available to help licensed child care providers increase the quality of child care programs. The goal of **Early Achievers**, Washington’s **Quality Rating Improvement System** (QRIS), is to improve the quality of child care in Washington and help children develop the skills they need to be successful in school and life.

Participation in Early Achievers is voluntary and includes no-cost trainings, coaching, mentoring and technical assistance, resulting in the completion of an assessment of your child care program. A one-to-five rating system for participating child care programs will allow parents to find information and select the program that’s right for their family. Learn more about Early Achievers at [www.del.wa.gov/care/qris](http://www.del.wa.gov/care/qris).

## Resources

Access the most current information about Early Achievers on DEL’s website:

### Washington Early Achievers:

[www.del.wa.gov/care/qris](http://www.del.wa.gov/care/qris)

### Race to the Top-Early Learning Challenge:

[www.del.wa.gov/government/racetotop](http://www.del.wa.gov/government/racetotop)

## Program policy training and education for staff (WAC 170-296A-2425/5825)

**Section Six: Program Policies and Practices, Recordkeeping, Reporting and Posting** content details the program policies required in FHCC. The licensee must train all staff in the contents of these policies and retrain staff if any part are violated or required to be changed by DEL. You must document the policies you shared with staff.

**The policy and procedures** must include a **staffing plan** to provide for:

- A qualified primary staff person to be present and in charge at all times.
- Staff roles and responsibilities.
- How staff-to-child ratios will be met.
- How staff will meet the individual needs of children in care.
- A staffing plan in the event of the licensee’s absence (WAC [170-296A-5775](#)).
- How parents will be notified in writing of the licensee’s absence (WAC [170-296A-5810](#)), closures, or staffing changes.
- Emergency contact information for the licensee.



## Educate staff in policies before working with children

As the licensee, you are required to have written program policies that you train your staff to understand and apply in daily interactions with children. See **Section Six: Program Policies and Practices – Recordkeeping, Reporting and Posting** for a complete discussion of required policies and ways to create policies that meet requirements and fit your specific program context.i

Before a staff person works with children, be sure to train and document this training in the following areas:

### Fire and disaster training (WAC [170-296A-2875](#))

The licensee must provide fire, evacuation and disaster training to all staff and volunteers when the individual is first employed and at least once each calendar year. The training must be documented in the staff files and must include:

- All elements of the fire, evacuation and disaster plans.
- Operation of the fire extinguishers.
- How to test the smoke detectors and, if required, test carbon monoxide detectors and replace detector batteries and
- Staff responsibilities in the event of a fire or disaster (See WAC [170-296A-2850](#) and the Section Six-Recordkeeping).

### Guidance and discipline (WAC [170-296A-6050](#))

Licensees are required to train staff on how to use specific, fair and consistent child guidance and discipline that relates to the child's behavior, and fits a child's developmental level, abilities and culture. See a detailed exploration of this topic in Section Three – Care and Education of Young Children.

### Abuse and neglect-protection and training (WAC [170-296A-6275](#))

Children must be protected from child abuse and neglect (CA/N) as defined in RCW 26.44.020. An important step in meeting this requirement is to educate all staff in their roles as mandatory reporters of abuse and neglect (RCW 26.44.030) and their duties to ensure children are protected from CA/N.

*“A home child care can be wonderfully rewarding. I would recommend discussing it fully with your family though because they will definitely be affected.... What I want to tell other child care providers is to get encouraged to become educated that is the only that way we providers will be ready to help a child succeed in school and it is also important to learn about the different trends going on in education, learn about early childhood theories and how we have the power to help shape a child’s life in a good way.”*

– Midge Strong-Bee, four years’ experience, Seattle

# Documenting Staff Qualifications

Taking the time to create an organized recordkeeping system will help you meet the requirement to document all staff qualifications ([WAC 170-296A-2000](#)). All records dating back 12 months must be kept in the licensed space as defined in [WAC 170-296A-0010](#) and be immediately available for the DEL's review. Records between 12 months and five years old must be provided to DEL within two weeks of the date of DEL's written request. Keeping a chart of adults with access to children allows you to easily see what is missing.

Staff Records Checklist									
Staff or House-hold Member Names	Gov't Issued Picture ID	Minimum Education	Backgrd. Check	TB Test	HIV/AIDS	CPR and First Aid	Food Handlers Permit	STARS: Child Care Basics and continuing education	
	Min. Age Met		Non-Criminal Backgrd. Check			Note: Date Expired	Note: Date Expired	30/10 Hours	
WAC Citation <a href="#">170-296A</a>	2075	1725 1735	1200 1225	1750	1850	1825	7675	1175 1910	1800 2075
NAME									
NAME									
NAME									
NAME									
NAME									

Individual staff and volunteer records should be organized to allow you or a licensor to easily check that all required documentation has been met. One way to do this is to have a checklist of the staff requirements with supporting documentation inside the file. This may be a paper or an electronic file.

Experienced FHCC providers caution against having to search in many locations to find these required documents during a licensing visit. Meet the FHCC qualifications, obtain the documentation for each requirement, check off on the list that the requirement has been met and file staff records in **one place**.

<b>License and staff records (WAC <a href="#">170-296A-2075</a>)</b>		
		Current first aid and infant, child and adult CPR training certification
		HIV/AIDS training certification
		TB test results or documentation as required (WAC <a href="#">170-296A-1750</a> )
		Current state food-handler permit for the licensee and for other staff if required. (WAC <a href="#">170-296A-7675</a> (3))
		Completed background check form, or noncriminal background check form if applicable under WAC <a href="#">170-296A-1225</a> and copy of the department-issued authorization (clearance)
		Copy of current government issued picture identification
		Emergency contact information
		Completed application form or resume for staff when hired
		Documentation for the licensee's and primary staff person only of:
		Child Care Basics training
		Continuing education completed
		Registration in MERIT
		Record of training provided by the licensee to staff and volunteers about the program policies
		Resume for the licensee only
<b>Required records for household members (WAC <a href="#">170-296A-2100</a>)</b>		
		Completed background check form and DEL-issued clearance under chapter <a href="#">170-06</a> WAC for each individual 16 years old and older
		The non-criminal background clearance (DEL-issued) for household members age 13 to 16 years old (WAC <a href="#">170-296A-1225</a> )
		TB test results or documentation (WAC <a href="#">170-296A-1750</a> ) for
		Household members 16 years old or older
		Household member 14 to 16 years acting as assistant or volunteer in the licensed child care

# The Licensees as Small Business Owner and Program Leader

Successfully working with people is the heart of the FHCC licensee's role. Working with children, families and staff involves the ability to model, communicate and encourage others to maintain a quality program atmosphere. This is easier if the other adults working in a paid or unpaid capacity have been carefully evaluated for appropriate qualifications before starting work in your FHCC.



## Position descriptions

What are the essential functions of the role of the primary staff, assistant and volunteer? As a small business owner, it is a good idea for you to create written job descriptions for positions you hire so expectations are clear to your employees and volunteers.

A position description should include:

- Job title.
- Duties.
- Required or preferred qualifications such as education, experience, and expected abilities needed for position responsibilities.
- Your contact information.
- A nondiscrimination hiring statement. Statements often include language including acceptance of all personnel applications regardless of race, age, sex, creed, national origin, sexual preference, or disability.

## *Recruiting staff*

Child care, like all other businesses, must not discriminate in employment practices. You may enhance the quality of your program by hiring competent caregivers with a variety of backgrounds. It is beneficial for young children to get to know a diversity of caring adults (Chang, 2006).

If you need to hire staff, contact organizations such as:

- College early childhood or teacher education programs or placement offices.
- Child care and early childhood education organizations.
- Other FHCC and center child care programs.
- Your local Child Care Aware office.
- High school vocational counselors or future teacher clubs.

When recruiting for a position, it is important to supply applicants with the **position description** you created.





# Resume or Application

## *Education and Experience Working with Children*

As the licensee you need a resume. If you are hiring others, you need their applications. The basic information needed includes:

### 1) Employment History

Identify all present and past employment. Begin with your most recent position.

Employer	10-digit telephone no.	From (month/year)
Address		To (month/year)
Describe the type of work you did.		Total time employed
		Hours per week

### 2) Special Skills

<p>Do you have any special skills that would be helpful to working with young children?</p> <p> <input type="checkbox"/> Music   <input type="checkbox"/> Dance   <input type="checkbox"/> Behavior Management  <input type="checkbox"/> Drama   <input type="checkbox"/> Art   <input type="checkbox"/> Other _____  <input type="checkbox"/> Storytelling   <input type="checkbox"/> Puppetry         </p>
Description:
Describe any other relevant areas you have been trained or educated in.

### 3) Training

Do you have any of the required health and safety trainings? Provide dates of expiration, if applicable.	
	Current first aid
	Infant/child CPR training certification
	Adult CPR training certification
	HIV/AIDS – Bloodborne Pathogens training certification
	TB test results or documentation
	Current state food-handler permit
	Other – detail

Describe other relevant training and dates of training.
Nutrition:
Early childhood development:
Business skills:
Working with children with special needs:
Other:

### 4) Education

<b>Are you a high school graduate or do you have a GED?</b> If no, check the highest grade you completed:  ___1___ 2___ 3___ 4___ 5___ 6___ 7___ 8___ 9___ 10___ 11___ 12			
Education after high school:			
School name	Dates attended	Graduated?	Year of Degree and Major

### 5) References

List names (with their addresses and phone numbers) of three references.
1.
2.
3.
I give my permission to contact the references listed here (sign). _____

# Interview and Hiring

The majority of FHCC programs are operated by one person who is the owner, the licensee and the only caregiver. Over time, some providers choose to include qualified volunteers or hire an assistant if their program expands. This section may be used by a single provider to reflect on personal skills and abilities. It may also be used to support a process of selecting and hiring a qualified assistant or volunteer.

Some adults are able to verbally explain why they want to work with children. Others may not be able to do that as easily but might be very effective interacting with children. This is why hiring anyone to work with children is challenging and is aided using multiple methods for evaluating a person's qualifications and suitability for working in your FHCC. Checking a person's **job history and references**, **interviewing** them and **observing them** with children will allow you to gather different kinds of information to evaluate an applicant or a volunteer.



## Interview

First, describe the position. This requires that you have a written job description that details expected education, experience, skills and abilities. (Be sure to state on your job description that you do not discriminate on the basis of race, color, sex, age, religion, national origin, creed, ancestry, familial status, marital status, height, weight, sexual orientation, disability, veteran's status or other status as protected by law).

Expected physical abilities might include an adult who is able to supervise children both by sight and sound and is able to pick up a child weighing up to 45 pounds (in an emergency). Expected special duties might include planning menus or learning experiences. The applicant needs to know the required qualifications, pay, benefits, work schedule and responsibilities. Remember you are also selling your program and might say that you are looking for applicants who want to share their own passions and skills in areas such as music, art or movement.

Interview questions should be related to the job duties only. For example, you may ask someone if they can pick up 45 pounds if that is part of the job description. You may not ask if the person has any disabilities. See resources from the EEOC and ADA in this section to learn about the requirements of employers to avoid discrimination.

Basic interview questions may include:

- Describe your experiences (paid and unpaid) working with children.
- What did you like best and least in your previous jobs?
- What do you (or others) think are your strengths?
- What areas do you feel you need to grow in or learn more about to be effective working with children and families?
- What education, special skills or abilities do you have that would enhance a program for children like ours?
- Are you willing to meet the training requirements for this position?
- Since children do best with reliable and predictable care, will you be able to commit to working here for \_\_\_\_\_ (insert a time frame such as one year)?
- How would you handle two children grabbing for the same toy at age \_\_\_\_\_
- (choose two different ages) 7 months, 2 years, 5 years, or 7 years?
- Have you ever had to respond to an upset person in your past jobs? Tell me about a situation where there was conflict with another adult. What did you do?
- Other questions about philosophy, goals for working with children, working as a team with other adults, etc. might be added here as needed.

## *Evaluating potential staff, assistants or volunteers*

If you have multiple applicants, ask them the same questions and arrange to observe them with children. Take notes on the responses and pay attention to their responsiveness when interacting with children. Look for qualities which do not always show up on a resume.

- Did the applicant have appropriate expectations and interactions with children of different ages, abilities, backgrounds, and temperaments?
- Was the applicant able to describe or demonstrate her understanding of how to individualize her interactions with different children in order to meet their needs?
- Is the person comfortable with children and with your program philosophy?
- Does this person have an employment history that includes being consistent, responsible and able to work with others?
- Is the applicant able to meet the physical challenges of working with young children all day?
- Does the person seem to have communication, thinking social skills and qualities to demonstrate
  - Responsibility and self-management?
  - Integrity and honesty?
  - Management of time, resources, materials and people?
  - Problem-solving?
  - Knowledge, skills and abilities needed to work with children?

Because it is difficult to predict if a new staff person will have the qualities needed even with a careful recruitment, consider hiring on a probationary basis.

# Staff Policies

If you hire qualified staff or arrange for volunteers to work with you, first be sure they meet all required pre-service health and education training and other requirements discussed earlier in this section before they start caring for children. Now that you have these valuable adults, how do you keep them? Set aside sufficient time away from direct care duties to orient staff or volunteers to your personnel and program policies.

If you hire staff or use volunteers, you must have written staff policies and provide training on these policies to all staff and volunteers (WAC [170-296A-2425](#)). Review the following information for orienting staff.

Staff should be given a **job description**.

All the information in the **Parent/Guardian Policies or Handbook**, except fees (See WAC [170-296A-2375](#) and **Section Six of this guidebook, titled: Program Policies and Practices – Recordkeeping, Reporting and Posting**) must be reviewed.

**Required staff health and background check requirements** must be explained and their progress documented before staff can work in the FHCC with children. The requirement to keep these records current should be discussed. These records include:

- Completed background check forms and DEL clearances.
- First aid and CPR certification.
- TB test results.
- HIV/AIDS bloodborne pathogen training
- Food-handler's permit if needed for position.
- Picture ID.

**Required training and professional development for primary staff persons.**

See: **Licensee, Staff and Volunteer Qualifications** (in this section).



**Training that the licensee must provide to staff** includes:

- Identification of responsibilities and training in:
  - Guidance/discipline techniques.
  - Food service practices.
  - Off-site field trips.
  - Transporting children.
  - Preventing children's access to unlicensed space.
- Health, safety and sanitization procedures.
- Medical emergencies, fire, disaster and evacuations.
- Mandatory reporting of suspected child abuse and neglect.
- Overnight care, if applicable.
- Staff responsibilities if the licensee is absent from the child care operation.

**To do: The licensee must keep documentation of all staff training on policies.**

## *Connect staff policies to best business practices*

The required staff policies (WAC [170-296A-2425](#)) have already been detailed in this section of the guide. Suggested additional areas to be included in a staff policy handbook are noted with a \* below. If you are the only staff person and are also the licensee/owner of your FHCC, you may still want to prepare any volunteer job descriptions that are needed. Refer to the U.S. Department of Education-funded Disability and Business Technical Assistance Centers (DBTAC). Call 1-800-949-4232 or go to: [www.adata.org/Static/Home.aspx](http://wwwadata.org/Static/Home.aspx) for more support.

### **Nondiscrimination policy\***

Include a statement that your program does not discriminate on the basis of race, color, sex, age, religion, national origin, creed, ancestry, familial

status, marital status, height, weight, sexual orientation, disability, veteran's status or other status as protected by law.

### **Hiring procedures\***

Include information about the process for an application, job interview, reference check and submission of a copy of education transcripts.

### **Employment requirements**

- Meet age, education, training and experience requirements for position.
- Read parent/guardian policies or handbook and ask FHCC licensee any questions about policies until they are understood and able to be implemented.
- Engage in training offered by the licensee/owner including on required
  - Health, safety and sanitization procedures.
  - Medical emergencies, fire, disaster and evacuations.
  - Mandatory reporting of suspected child abuse and neglect.
  - Other required areas.
- Successful completion of required health and background processes to be met before starting work include:
  - Completed background check forms and DEL clearances.
  - First aid and CPR certification.
  - TB test results.
  - HIV/AIDS bloodborne pathogen training.
  - Food-handler's permit if needed for position.
  - Picture ID.

### **Confidentiality**

You will need a signed statement that information regarding children and families enrolled in the program will be maintained in a confidential manner, and will not be disclosed to unauthorized persons



unless there is written permission from the parent or guardian. It is very important to include a statement about unauthorized posting of photos, video or other information about enrolled children and families on any social media sites or applications.

The unauthorized use of photos of children in your care is considered a serious violation of confidentiality and may be reason for termination of employment. You may request parents to sign releases that allow the use of photos of their children for social media or advertising purposes, such as your website or flyers.

### Job descriptions

A specific outline of what is expected of a person filling a specific role including the major duties and responsibilities should be described. For example:

*The primary staff person or co-teacher shares responsibility with the FHCC owner/licensee for the care and education of a group of children. The primary staff person or co-teacher is responsible for supervising children, planning and implementing curriculum that is developmentally appropriate, communicating effectively with families and working collaboratively with the owner/licensee to maintain a clean, safe and healthy FHCC environment. Physical ability required to lift up to 50 pounds. In addition, the primary staff person should be able to: work with children and adults of diverse backgrounds, strive to gain new knowledge and skills to improve job performance and meet licensing requirements for their own education, training and the care of young children.*

If the staff person is expected to cook meals and prepare snacks, shop for materials or orient new families, these should be added to the job description. Remember that staff should be evaluated only on the job duties they are told about.

### Probationary status and evaluation\*

State how long the new employee will be in a probationary status. Some programs meet with a new staff person at a one-, two-, three- or even a six-month interval to share their evaluation of the person and to either offer a job on an annual basis or to detail why employment is terminated. Staff should be informed of the areas they will be

evaluated on when they are hired, and these areas should be tied to their job description.

### Hours of work and rate of pay\*

The daily hours of work, pay rate, number of breaks and the annual work schedule should be stated.

The number of paid sick days, observed holidays or program vacations days staff will accrue each year should be noted.

### Benefits and leave without pay\*

All staff will have required deductions from their pay such as Social Security and workers compensation deductions. These should be noted as well as any fringe benefits such as health insurance, paid family leave and other benefits provided. Required notice for requesting time off without pay should also be described. Refer to **Section One: The Licensing Process** for business resource links.

### Grievance procedure, disciplinary actions, terminations and resignation\*

Describe the process to provide notice to a staff person of their termination. You may also suggest in writing that the staff person should bring conflicts/problems about working conditions to the licensee/owner for discussion. A statement about failing to meet job duties should be included that states this may result in disciplinary action or termination. Ways to appeal such decisions should also be described.

**An orientation checklist \*** with the staff person's signature and date documents that you have met your requirement. In the event a staff person must be terminated for not complying with expectations, this serves as documentation that they were trained and informed of their expected duties.

## Resources

### Professional Networks for FHCC

Having an active membership in a national, state or local early care and education organization(s) shows a commitment to quality child care and also provides a way to gain new knowledge about how to work with children<sup>8</sup>. National

<sup>8</sup> (Feine, 2002)

organizations addressing FHCC caregivers AND teachers include:

**National Association for Family  
Child Care (NAFCC)**

<http://nafcc.net>

**National Association for the Education  
of Young Children (NAEYC)**

[www.naeyc.org](http://www.naeyc.org)

In addition, belonging to a local network of family child care home caregivers/teachers that offers education, training and networking opportunities provides the opportunity to focus on local needs. Child Care Aware agencies may provide additional support networks for caregivers/teachers that include professional development opportunities and information about electronic networking.

**Program Accreditation for Experienced FHCC**

One way for experienced FHCC providers to collaborate with their staff to meet a high bar for quality practices is to engage in a self-study using the National Association for Family Child Care (NAFCC) *Quality standards for NAFCC accreditation*. There are five content areas: relationships, the environment, developmental learning activities, safety and health, and professional and business practices. If you have a minimum of one year of experience in FHCC and meet the other qualifications, you are eligible to enroll in a self-study (See qualifications at: [http://nafcc.org/media/pdf/accreditation/AccreditationEligibility\(5-10\).pdf](http://nafcc.org/media/pdf/accreditation/AccreditationEligibility(5-10).pdf)) The FHCC accreditation standards are available online at: [http://nafcc.org/~nafcc/media/pdf/accreditation/AccreditationQualityStandards2009\(5-10\).pdf](http://nafcc.org/~nafcc/media/pdf/accreditation/AccreditationQualityStandards2009(5-10).pdf)

Go to the NAFCC website at: <http://nafcc.org> to learn about conferences, and other sources of support from this professional organization. You may find accredited FHCC programs in your area posted on this site. Joining a professional organization and talking to other FHCC professionals about their journey to improve their program will support your own efforts.

# Professional Code of Ethical Conduct

One way to connect staff to a process for thinking about ethical dilemmas that commonly occur in child care is to read and discuss the National Association for the Education of Young Children (NAEYC) *Code of Ethical Conduct and Statement of Commitment* (2011). It is available online at [www.naeyc.org/positionstatements](http://www.naeyc.org/positionstatements).

Ethical dilemmas occur in the everyday interactions of working with young children, other staff, their families and community professionals. While licensing standards support decision making, the NAEYC Code of Ethical Conduct offers guidance on how to communicate decisions and how to think through complex decisions that involve conflicting obligations. For the Code of Ethics, see [www.naeyc.org/files/naeyc/file/positions/Ethics%20Position%20Statement2011.pdf](http://www.naeyc.org/files/naeyc/file/positions/Ethics%20Position%20Statement2011.pdf).



The code details our core professional values and responsibilities:

1. With children
2. With families
3. Among colleagues
4. With the community and society.

Connecting with others who educate and care for young children, or who offer ongoing professional development, supports your growing ability to:

- Stay current in your knowledge about young children.
- Support families and other early childhood professionals to nurture children.
- Reflect on your own strengths and areas for growth.
- Stay open to continuous learning and growing, as a FHCC professional.

## Reflect

Go to the NAEYC website [www.naeyc.org/ecp/resources/ethics](http://www.naeyc.org/ecp/resources/ethics) and view the online videos with Stephanie Feeney and Peter Pizzolongo explaining the NAEYC Code of Ethical Conduct. Then view several scenarios and consider:

- What is my first reaction?
- To whom is my obligation?
- What action am I going to take?

**Naptime dilemma:** The first video scenario describes a parent request for their child not to nap during the day because the preschooler is not going to sleep early enough at night. However, the teacher feels the child needs to nap during the day. An ethical dilemma occurs. Should the teacher honor the parent's wishes, honor the needs of the child or might both needs be supported somehow? The video walks the viewer through the thought process that involves trying to work with the parent on sleep issues, including offering strategies to the parent, and concludes with the section of the NAEYC Code that states:

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"Above all, we shall not harm children. We shall not participate in practices that are emotionally damaging, physically harmful, disrespectful, degrading, dangerous, exploitative, or intimidating to children. *This principle has precedence over all others in this Code.* (Principle P-1.1)"

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Familiarize yourself with the NAEYC Code. When ethical dilemmas occur, in addition to checking licensing standards and your professional knowledge, review a process to think through common professional dilemmas. Check your decisions by talking to other early childhood professionals, your licenser and colleagues in professional development.

**The NAEYC Code of Ethical Conduct and Statement of Commitment (Updated May, 2011)** includes professional values and obligations of the field of early childhood care and education. This document was also adopted by the National Association for Family Child Care.

While licensing standards are specific and detailed, and necessary to guide daily practice, the following very broad set of “core values” forms an optional “Statement of Commitment” for you to consider as you let families know how your actions are guided.

Ethical behavior in early childhood care and education is based on commitment to your core values. It is good to know that you are in a highly ethical field with a proud history of striving to meet the following very high goals. The NAEYC Statement of Commitment is:

**“We have made a commitment to**

- **Appreciate childhood as a unique and valuable stage of the human life cycle.**
- **Base our work on knowledge of how children develop and learn.**
- **Appreciate and support the bond between the child and family.**
- **Recognize that children are best understood and supported in the context of family, culture,\* community, and society.**
- **Respect the dignity, worth, and uniqueness of each individual (child, family member, and colleague).**
- **Respect diversity in children, families, and colleagues.**
- **Recognize that children and adults achieve their full potential in the context of relationships that are based on trust and respect.”**

\* “The term culture includes ethnicity, racial identity, economic level, family structure, language, and religious and political beliefs, which profoundly influence each child’s development and relationship to the world”. Retrieve from the NAEYC website at:

<http://www.naeyc.org/ecp/resources/ethics>

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2 Feinne, 2002; NICHD, 2006.

3 Wolpoff, et.al, 2009.

4 Boyd, 2012; Lutton, 2012.

(Footnotes)

1 *Caring for Our Children*, 2011, p. 301.





# 3. CARE AND EDUCATION OF YOUNG CHILDREN

In this section you will learn about:

- The Power of Interactions and Relationships
- Washington State Early Learning and Development Guidelines
- Program Practices
- Infant Care
- Child Guidance and Discipline

*“Emotional well-being and social competence provide a strong foundation for emerging cognitive abilities. Together they are the ‘bricks and mortar’ of the foundation of human development.”<sup>1</sup>*

– Dr. Jack Shonkoff, Director of the Center on the Developing Child at Harvard University

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<sup>1</sup> (NIEER, 2007, p.5)

## Supporting the bricks and mortar of child development

The idea that nurturing children will also support their intellectual development is brought alive in this example from a family child care scene:

A first-grader wonders “Y is the nigt so long”? (Why is the night so long?)

In the child’s after-school FHCC program, her caregiver encourages her to wonder and label her feelings about her fear of the dark. At the same time her caregiver also supports her interest in writing and drawing. Her mother later reported that her daughter seemed to be conquering her fear of the dark by drawing and writing about it during the day.



*“I have a 10 year old that comes after school, I love to see his smile when he talks to the babies and makes them laugh or smile. The best gift to me, is watching him smile and his heart grow when he races in to see the other children. He connects with them all before he can move on to his own activities, and his mom informs me of his reports about the other children, such as first steps or first roll over, crawl, because he is so excited for the other children. This also helps connect families, and parents develop relationships and network with each other.”*

*“I have tables, chairs and equipment for all ages. It really is just like a family. I heard a provider state that it is the only place where a child gets to experience being the oldest, the youngest and the middle child. That has a tremendous value, and as you see working with different ages together, children form incredible bonds that I have seen follow them to college and into parenthood. I value this for toddlers so much as they are not able to communicate with words very well and too many at a time is chaotic, but with a mix of older children, the older ones help the younger solve problems. So, in many ways it becomes easier to teach younger children when you have older children present.*

— Marie Keller, an FHCC provider with 16 years’ experience in Everett

# The Power of Interactions and Relationships

Families are the first and most important relationship for children. The architecture of the brain is shaped by experiences like being rocked as an infant by a loving father or engaging in the back and forth of meal time conversation with a warm family. Extending the family rhythms to child care allows another way for children to experience positive interactions. In situations where a family's life is stressful or chaotic, FHCC may be an island of security and a model for consistent caregiving.

Your attitude toward families is where a partnership for supporting a child's learning begins. Your relationship with families will be more positive if it is an equal one, where you both have knowledge and skills to contribute. Here are a few open-ended questions to use to get to know what families know about their child. The early care and education category, these questions may inform, is listed in the right hand column.



Question to ask families <sup>1</sup>	Early care and education information category
What has your child done that surprised you with a new ability, skill or understanding?	Child development milestones
How does your child go about trying something new?	Learning strategies
What does your child really enjoy doing?	Individual and age appropriate activities
How does your child respond to new situations and challenges	Individual temperament
Who among your family and friends does your child enjoy spending time with? What are some of the things that person does with or teaches your child?	Attachment network of caring relationships

For young children, all development occurs in the context of close relationships. The daily rhythms of a trusting caregiver-child relationship support the physical, emotional, intellectual and language development of the child.<sup>1</sup> What does research tell us about families, caring interactions and FHCC? How do FHCC licensing standards for nurturance and guidance reflect what we know is best for children's development?

Choosing child care that provides individual attention in a home-based setting draws many families to select FHCC<sup>2</sup>, but what do families and child development researchers hope not to see? Negative, irritable or ignoring behaviors by child care providers alarm families and should be avoided. Chronic stress that results from insensitive interactions may cause children's heart rate and blood pressure to increase, along with adrenaline and cortisol production. Over time, this type of stress can lead to increasingly serious problems for the child's health. It is good to know that studies of FHCC have found most caregivers to be affectionate and responsive, involved with the children most of the time<sup>3</sup> with few instances of harsh or ignoring behavior.<sup>4</sup>

Families and child development researchers also want to see increased quality in FHCCs. Studies have shown that a significant proportion of activities in FHCC settings involve routines, with not enough time spent engaging children in higher-level talk, such as talking about problem-solving. Too much time in front of the TV or other screen time<sup>5</sup> is another common complaint about quality in child care settings.

Visit [nrckids.org/ScreenFreeMoments/index.htm](http://nrckids.org/ScreenFreeMoments/index.htm) for ideas about screen-free play and activities with children. While every FHCC is different, each with its own strengths and areas for growth, research demonstrates that child outcomes improve when early care providers--and all who educate and care for children--strive for higher quality.

1 Grindal, Hinton & Shonkoff, 2012, p. 16.

2 Layzer, Goodson & Brown-Lyons, 2007.

3 Tout & Zaslow, 2006.

4 Coley et al., 2001; Fuller & Kagan, 2000; Paulsell, Mekos, Del Grosso, Rowand, & Banghart, 2006; Peisner-Feinberg, Bernier, Bryant, & Maxwell, 2000.

5 Paulsell et al., 2006; Tout & Zaslow, 2006; Fuller & Kagan, 2000.

## Connect ideas about nurturing care to what you see and hear

Interactions are better observed than talked about. Consider going to a quality child development program or FHCC that cares for several children, or watch videos such as those listed at the end of this section. In order to understand what WAC [170-296A-6000](#) is identifying as positive interaction with children, look at the following list of descriptors from the WAC and ask yourself:

### How do adults demonstrate positive interactions with children and other adults when children are present in FHCC?

#### What do I see and hear that lets me know these interactions are occurring?

- Positive, nurturing, responsive interactions
- Listening and responding
- Frequent positive communication, (cheerful, soothing);
- Explains actions to child
- Consideration and respect
- Appropriately holding, touching, smiling
- Getting down to a child's eye level
- Promoting learning, self-help and social skills to stimulate development
- Avoiding the domination of adult voices
- Fostering opportunities for children's vocal expression
- Encouraging children to share experiences, ideas and feelings
- Interactions fit the age, individual needs and culture of child
- Taking into account the parents' nurturing practices when interacting with a child.

See: WAC [170-296A-6000](#)



The Classroom Assessment Scoring System (CLASS) is a tool for observing these types of teacher-child interactions that affect emotional, social, intellectual or language development and learning. CLASS<sup>6</sup> uses similar descriptors as WAC [170-296A-6000](#) for behavioral indicators of a positive climate and sensitive/responsive caregiving. You may learn more about CLASS and join professional development and other efforts supported by the Early Achievers, Washington's voluntary quality rating and improvement system (QRIS) on the DEL website at [www.del.wa.gov/care/qris](http://www.del.wa.gov/care/qris).

## Reflect

What do you think you do especially well when you interact with young children? What do you want to try to do more consistently? Do you:

- Enjoy warm and close relationships with children?
- Smile and laugh together?
- Get down on children's physical level when talking?
- Notice difficulties and respond to needs of children?
- Comfort and help children to solve their own problems?
- Provide choices for children and follow their lead in play?
- Listen to children's point of view?
- Monitor and guide behavior and set reasonable limits?
- Redirect and prevent problems by setting up the environment for learning?
- Provide interesting materials and guide exploration?
- Expand and elaborate on children's thinking in your conversations?
- Connect activities to children's prior experiences?

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6 Pianta, et al, 2008.



# Washington State Early Learning and Development Guidelines

The *Washington State Early Learning and Development Guidelines* is an important resource for families and child care providers. It contains information about how children develop and learn at different ages and offers strategies and activities that adults who care for and educate young children can try. The Guidelines are online at [www.del.wa.gov/publications/development/docs/guidelines.pdf](http://www.del.wa.gov/publications/development/docs/guidelines.pdf).

The Guidelines are organized by age group and by six areas of development and learning.



Guidelines area	Development and early learning domains
1. About me and my family and culture	Social-emotional development
2. Building relationships	Social-emotional development
3. Touching, seeing, hearing and moving around	Physical, health and motor development
4. Growing up healthy	Physical, health and motor development
5. Communicating	Communication, language and literacy includes: speaking, listening, reading, writing, language arts
6. Learning about my world	General intellectual or cognitive development includes: math, science, creative arts, social studies knowledge and skills

**What the Guidelines are and are not:** While the Guidelines are not an early learning curriculum or a way to assess children, they will support you in understanding and discussing with parents the kinds of experiences that support children's growth and development at each age. The Guidelines give strategies for providers to share with families the specific ways children learn as they play and explore in the context of warm relationships.

**Differences in development:** Each age group in the Guidelines has a section about "Differences in Development" that will alert you to discuss with a child's family if you notice any of the listed signs of possible developmental delays. It is best to broach it as a conversation with the family rather than suggest what the child's development signs might mean. A conversation might begin by saying, "I am wondering about (4-month-old) Johnny not cooing or making sounds. I don't know that it means anything but it would be good to bring that up with his doctor next time you see her." The Guidelines have resources listed at the end of every age group section. In this example it would also be important to look at the early intervention services resources.<sup>7</sup>

It may take time for a family to accept that their child needs further assessment by a professional to identify if a developmental delay exists. Resources for you and the families you work with include Early Support for Infants and Toddlers (ESIT) can be found at: [del.wa.gov/development/esit/Default.aspx](http://del.wa.gov/development/esit/Default.aspx). You may learn about typical development and what to do if you have concerns by reading a birth to age six prescreening chart. The Family Health Hotline may also be reached at 1-800-322-2588.

**Guidelines plus curriculum resources for program planning:** Promoting the view of children as curious, competent and capable, the guidelines may spark your creativity as you plan fun and interesting active learning opportunities. The little scientists in your FHCC will benefit from your support for them to explore, touch, see, hear and move to learn. Descriptors of expected behaviors and activities to try with children are organized for age groups from young infants through age eight/third grade.

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<sup>7</sup> Washington State Early Learning and Development Guidelines, 2012, pp. 27.

## Experiences that support children's growth and development at each age

Using the Early Learning and Development Guidelines' six areas of development, plus other resources of your choice, will help you plan creative spaces and activities for learning.

This FHCC Guide will not list developmentally appropriate activities and experiences as prior licensing guides have, because "ideas to try with children" are specifically detailed for every age

group from infancy through age eight in the *Washington Early Learning and Development Guidelines* (2012) at [www.del.wa.gov/publications/development/docs/guidelines.pdf](http://www.del.wa.gov/publications/development/docs/guidelines.pdf)

See: *Directrices para el Desarrollo y el Aprendizaje Temprano del Estado de Washington* at [www.del.wa.gov/publications/development/docs/Guidelines\\_Spanish.pdf](http://www.del.wa.gov/publications/development/docs/Guidelines_Spanish.pdf) for the Spanish edition.

### The Washington State Early Learning and Development Guidelines has lots of ideas to try to support children's development and learning

	Domain of development and topic or subject areas for learning			
	Thinking or cognition	Language and literacy	Physical dev., well-being and health	Social-emotional development
	Learning about my world  Logic, reasoning  Math, Science, Creative arts, Social studies	Communicating  Learning multiple languages (Examples: Sign, Tribal, English language learning)	Touching, seeing, hearing, and moving  Growing up healthy	About me and my family and culture  Building relationships
Age of child	See the following pages for the "ideas to try" section for each age group and domain or topic area.			
<b>Infant</b> Birth -11mos. 9-18 mos.	p. 25 p. 37	p. 24 p. 36	pp. 22, 23 pp. 34, 35	pp. 19, 21 pp. 31, 33
<b>Toddler</b> 16-36 mos.	p. 50	p. 48	pp. 46, 47	pp. 43, 45
<b>Preschooler</b> Ages 3-4 Ages 4-5	p. 63 p. 78	p. 62 p. 76	pp. 60, 61 pp. 78, 74	pp. 57, 59 pp. 71, 73
<b>School age</b> Age 5 – K. First grade Second grade Third grade	p. 93 p. 103 p. 113 p. 123	p. 92 p. 102 p. 112 p. 122	pp. 90, 91 pp. 100, 101 pp. 110, 111 pp. 121	pp. 87, 89 pp. 99, 100 pp. 109, 110 pp. 119, 120

## More FHCC Curriculum Resources

A few helpful curriculum resources are noted here, but you may have others that are your favorites too.

- **Family Child Care Curriculum** by Sharon Woodward (2010). St. Paul, MN: Redleaf Press.
- **Family Child Care Homes** by Linda J. Armstrong, (2012). St. Paul, MN: Redleaf Press.
- **Creative Curriculum for Children in Family Child Care** by Koralek, D., Colker, L. & Trister Dodge, D. (1993). Washington, DC: Teaching Strategies.

## Reflect

Take 20 minutes and observe a child or several children at a time you are not responsible for their care and supervision.

- Briefly describe what the child(ren) were doing or saying.
- What do you think this means for their development? What resource could you use to support your understanding? For example – Caring for children in family child care by Koralek, Colker and Trister Dodge.
- How will you respond to create learning opportunities that promote positive approaches to learning that encourage the following:

Age of child	Attention engagement	Persistence	Solves problems	Curiosity
<b>Infant</b> Birth-11 mos. 9-18 mos.	Turns head to follow sounds, objects	Repeats actions	Imitates others; reaches for a toy out of reach	Shakes or bangs an object
<b>Toddler</b> 16-36 mos.	Stacks blocks, drops clothes pins in a bucket	Works on a small puzzle a little bit for many days until it is solved	Seeks help from others	Turns light on and off, Runs cars and balls down a ramp
<b>Preschooler</b> Ages 3-4 Ages 4-5	Shares in small group about experiences	Sorts and classifies different colored blocks into piles	Helps another child to zip coat or put on a hat	Asks lots of questions about how things work, where people live, etc.
<b>School age</b> Age 5-K. First grade Second grade Third grade	Sustains attention on projects for days and weeks	Sticks to a goal until it is achieved such as writing a story, building a garden or reading a book	Thinks and discusses many solutions to a character in a books problems	Finds information in a book or computer about insects



## Reflect

How could you take brief notes about what children are doing and saying during your typical caregiving routines? Some providers use brief notes (for example, “Sara played with the cooking materials for 45 minutes!”) to remind them of children’s:

- Interests, curiosities and questions for later investigation.
- Interactions with children and adults.
- Milestones and achievements.
- Challenges and frustrations.

Reviewing these notes when planning for future activities can help you fit the materials and experiences to the development and interests of the child. If any worrisome patterns emerge, your notes will be valuable information for parents or other professionals.



# Program Practices

## *Creating the environment*

Families choose FHCC because they want a home-like environment. Your home does not need to look like a child care center or an elementary school to be a place for learning and fun. In fact the trend now is for larger schools to create a home-like feel to their environments! However, you will still need to organize your space into multiuse areas or zones that meet children's needs over the course of the day. Examples include work zones for blocks, puzzles or writing; messy or active play areas; quiet and soft spaces; places for dramatic play; and of course separate areas for eating and toileting.

The importance of environment is so great in early childhood that it is often referred to as another teacher. The objects that are placed in an area and how they are arranged often determine how children behave. Depending on how it is arranged, a play area could encourage exploration and discovery, or it could set children up for conflict or accidents if it is overcrowded or unsafe. Remember your role is also to accommodate for children with special needs and partner with other professionals in the child's life to learn about adaptive strategies. For example,

- For a child who was unable to stand at an easel, a FHCC provider made a simple table top easel so the child could sit and paint.
- For a child whose speech therapist was working on increasing his oral language, photos were placed in the play area so the child could point to them to better communicate with his preschool friends.

See Section Four to explore this aspect of planning a program for children and learn about relevant FHCC standards. See the section on infant and toddler care in Section Three for specific standards for this age group's environment.



## Providing an inclusive, culturally relevant and anti-bias program (WAC 170-296A-6775)

Culture for a young child is often described as “the way my family does it.” The “it” in this sentence can be the food or objects that are common to a child or the activities that feel like home. Culture may be difficult for even an older child or an adult to describe. Instead, families and children tend to look for the invisible areas of respect and understanding from their child care professional for their values, beliefs and “ways of being.”

FHCC standards for respecting diversity require an environment that reflects each enrolled child’s daily life, family culture and language. Providers should be able to describe or demonstrate to the DEL licensor, or have a written plan for, how their child care reflects:

- The child’s daily life.
- His or her family’s culture or language.
- Diversity in society.

While FHCC is known for warm, trusting relationships, Chu<sup>8</sup> as well as Gonzalez-Mena<sup>9</sup> identify areas that are often misunderstood between people of different backgrounds. They are:

- **Personal space:** How close do you feel comfortable sitting or standing next to someone when you are talking?
- **Smiling, touching and eye contact:** Do you smile frequently to be polite or only when you are extremely happy? Do you avert your eyes to show respect or look directly into someone’s eyes to be respectful? What do you know about differences in cultural rules about touching?
- **Silence:** Is it OK to interrupt? Is it best to wait? When and with whom?

- **Time concepts:** Do you feel the need to get right to the point, or socialize first? What does it mean to be late for something?

The children in your care will notice how you treat their families. The first way to model your powerful influence is by supporting the children’s sense of self as part of their family and home culture. Children are developing attitudes about themselves and others from their earliest moments. Provide multicultural, non-stereotyping materials and activities to help children see positive representations of people like their family alongside people who are different from themselves.

Consider the following principles from the National Association for the Education of Young Children (NAEYC) Pathways to Cultural Competence Project<sup>10</sup>. The concepts of cultural competence are summarized here as:

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**Concept 1:** Children are nurtured in families.

**Concept 2:** Identify shared goals among families and staff.

**Concept 3:** Authentically incorporate cultural traditions and history in the care or education setting.

**Concept 4:** Acknowledge child development as a culturally-driven, ongoing process that should be supported across contexts in a child’s life (e.g., school and home).

**Concept 5:** Individuals and institutions’ practices are embedded in culture.

**Concept 6:** Ensure decisions and policies embrace home languages and dialects.

**Concept 7:** Ensure policies and practices embrace and respect families’ cultural values, attitudes and beliefs toward learning.

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<sup>8</sup> Chu, 2013, in press.

<sup>9</sup> Gonzalez-Mena, 2008, pp. 32-39.

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<sup>10</sup> NAEYC, 2009, pp. 3-4.

## Reflect

How do you show cultural competence when you respect a family's manner and "way of being"? Now reflect on the concepts from NAEYC's Pathways to Cultural Competence Project. Are you able to think of what you do or say that brings these ideas to life? How do you partner with families to learn what they want for their children?

Who might support you to gain a better understanding of a culture, a group or even an individual temperament that seems hard to understand? Are there any professional development opportunities you can engage in to increase your awareness and skills in supporting each child as he or she develops his or her own positive identity? If you need to hire staff, what skills and knowledge about your local community might you look for in order to enhance your program and serve a variety of families well?

If your child care program is composed of one ethnic group, for example, how might you support the enrolled children to both learn about and celebrate ethnic diversity, while also developing a confident sense of who they are?

Exploring the resources cited below will support you to positively reflect enrolled children and to find many ways to learn about people that are not present. What other resources do you know about that will make your FHCC more responsive to a diversity of children and families? Consider beginning by exploring how children are alike and different.

<b>Who is here in my child care?</b>  <b>How are we alike and different?</b>	<b>A few helpful resources to avoid some common pitfalls in exploring diversity and affirming identity with young children</b>
<p>Use children's books to explore physical and other human differences by reading a book written by kindergarten children:</p> <p><i>We Are All Alike, We Are All Different</i> The Cheltenham Elementary School Kindergarteners. (1991). Scholastic, New York.</p> <p>The local public library is a good source of multicultural books.</p>	<p>Cronin, S. &amp; Massó, C. S. (2003). <i>Soy Bilingüe: Language, Culture, &amp; Young Latino Children</i>. Seattle. See - Center for Cultural and Linguistic Democracy at: <a href="http://www.culturaldemocracy.org/programs.html">www.culturaldemocracy.org/programs.html</a>.</p> <p>Derman-Sparks &amp; Edwards, J. (2009). <i>Anti-bias education: Empowering our children and ourselves</i>. Washington, DC: NAEYC.</p> <p>Espinoza, L. (2010). <i>Getting it right for young children from diverse backgrounds: Applying research to improve practice</i>. Upper Saddle River, NJ: Pearson.</p> <p><b>LINKS</b></p> <p><b>Multicultural Children's Literature</b> <a href="http://www.multiculturalchildrenslit.com">www.multiculturalchildrenslit.com</a></p> <p><b>National Association for Bilingual Education</b> <a href="http://www.nabe.org">www.nabe.org</a></p> <p><b>National Association for Multicultural Education</b> <a href="http://www.name.org">www.name.org</a></p> <p><b>Oyate</b> <a href="http://oyate.org">oyate.org</a></p> <p>Native American/American Indian advocacy and education organization. The website contains reviews of children's literature, what to avoid, and advocates for Native Americans/American Indians to be portrayed with historical accuracy, cultural appropriateness and without anti-Indian bias and stereotypes.</p> <p><b>REACH Center</b> <a href="http://www.reachctr.org">www.reachctr.org</a></p> <p>Respecting Ethnic and Cultural Heritage - See Early REACH for approaches with children from birth to age 8.</p>
<p><b>Art materials</b></p> <p>Use lots of open ended art materials to create self-portraits and pictures of favorite characters in books that represent people from many different backgrounds.</p>	
<p><b>Diversifying staff and volunteers</b></p> <p>Plan for children to naturally get to know a diversity of caring people in their everyday lives.</p>	

## Reflect

**A few ways to support family partnerships are noted here. What could you add to this list?**

Families could be invited to:

- Observe the child care setting in your home before enrollment.
- Visit anytime.
- Share interests, skills, talents and traditions.

- Volunteer on a field trip.
- Come to a family-focused social activity with other families in the program.

Give families:

- Monthly information about what is happening in the child care program.
- Community resource information in the languages of the family.



- Information on parenting and child development on bulletin boards, newsletters, or in emails.
- Notes, work products, photos or short videos of their child engaged in playful learning activities.

### Developmental activities

(WAC [170-296A-6550](#))

**Daily schedule:** A FHCC daily schedule should allow for predictable daily rhythms but also have flexibility. Young children need extended periods of play. When planning activities, allow enough

time for each child to finish at his or her own pace. Also allow younger children to come and go during activities in mixed-age groups. Children measure time by their activities, not by the clock or schedule. While you can encourage children to enjoy a planned experience, having a variety of choices allows them to work at their own pace, level of development and in their area of interest.

The following is a sample of a brief FHCC schedule. Notes are added to give you a sense of typical activities in a FHCC program with mixed ages of preschool and above. See the infant/toddler portion of this section for individualized care ideas.

**Schedules provide children with the stability and security they need early in life. We believe that activities should also accommodate each child's daily needs. That's why we strive to provide a stable framework that adds structure and predictability but leaves plenty of room for activities that build on the children's interests and abilities.**

<b>7 - 9 a.m.</b>	<b>Arrival time, breakfast, free play</b> Have puzzles, blocks, dolls, dress-up clothes available. Children select own activity as caregivers move between sitting with children eating to interacting in play. Children wash hands before and after meal and after toileting.
<b>9 - 11 a.m.</b>	<b>Gathering time, activity zone projects &amp; snack</b> Group time involves songs, music and sharing. Options after short group time include: painting, crayons, clay, blocks, puzzles and many other choices. Ongoing projects are encouraged for older children. Clean up, wash hands and snack.
<b>11 a.m. - Noon</b>	<b>Morning outdoor free play</b> Vigorous activity outdoors if possible. Active games and large motor activities such as dancing to music if indoors.
<b>Noon – 12:45 p.m.</b>	<b>Lunch and story time</b> Washing hands before and after meal. Brush teeth after lunch. Quiet flannel board stories, reading books or sharing experiences to calm children before naps.
<b>12:45 – 2:45 p.m.</b>	<b>Nap and/or quiet time</b> Provider cleans up, prepares for afternoon, and relaxes near sleeping or quiet children.
<b>2:45 - 4 p.m.</b>	<b>Indoor activities &amp; snack</b> Planned activities or free play in subjects such as science or math. Continuing project work for older children. Snack with usual hand washing routines.
<b>4:00 - 5:30 p.m.</b>	<b>Afternoon outdoor free play</b> More vigorous outdoor play and tending to the garden. Doing the 'jobs' on the children's outdoor job lists such as sweeping with small brooms and shoveling gravel back under the slide.
<b>5:30 - 6 p.m.</b>	<b>Goodbye songs and stories, close</b> Rituals and routines for reading stories with individual children and saying goodbye to our friends while chatting with parents at pick up time.

The daily schedule should be posted to include:

- Program activities
- Hours of operation
- Types of activities, including screen time
- General timelines for activities
- Routine transportation times
- Meal service
- Rest periods
- Outdoor times
- Overnight care (if applicable)

## Curriculum

Early childhood curriculum encompasses all the experiences and activities that occur in care. Knowing the needs of each child means a provider strives to answer the following questions:

- What do I know about this age, stage of development and the special needs of this child?
- What do I know about this individual child, her temperament, interests and family culture and language?
- What do I know, or who can help me learn about the social and cultural context of this child? Do I know the values and expectations of the family?
- How can I make learning fun, meaningful, relevant and respectful of each child?<sup>11</sup>

The goal for a FHCC serving young children is to foster development and learning by planning for environments, interactions, skills, content and materials, and using strategies that involve:

- Positive relationships intentionally fostered among children and adults.
- Challenges to master new skills when they are ready and interested.
- Both planned and unplanned activities that fit children's ages and interests.

- Planned activities that promote all areas of development including social, emotional, physical, language and intellectual development and address subject areas such as creativity, science, math, etc.
- Building on children's prior experiences.
- Lots of open ended and hands-on materials that are flexible and fit a variety of abilities, skills and interests.

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*Teddy dumps out all the soft blocks from a bucket and sorts the red ones into a pile. His teacher has provided lots of blocks of different sizes, colors and shapes. She describes what she sees: "You made a big pile of red blocks, Teddy!" He smiles and starts to squish the foam block as he explores its soft physical qualities. His teacher says, "Teddy you are a little scientist figuring out what that block is made of." His teacher knows that since he is a toddler he will sort items by one characteristic.*

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*Gabriella, age four, sorts the blocks by shape, color and size and then uses them to build a baby bed that she exclaims "looks like my stuffed animal at home." She is four and is able to create patterns, count and creatively use materials to represent experiences from her life outside of child care. Her teacher later asks her if she wants to draw a picture and tell a story about the adventures of her stuffed animal. Her teacher knows that imaginative play and storytelling support all areas of her development and especially help her think abstractly and represent her ideas.*

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- Materials that are safe, age appropriate and accessible with minimal help.
- Inviting curiosity and imagination.
- Investigation of projects over time.
- Opportunities to repeat activities as they learn new concepts and skills.

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<sup>11</sup> Copple & Bredekamp. (2009). pp. 9-10.

Sonja was wandering from area to area after school in her FHCC and wasn't focusing on an activity for long. Her teacher consulted with her family and was given written permission to confer with her first grade teacher at her local school. Her first grade teacher said a "choice board" worked well for Sonja during the day.

Her FHCC provider took pictures of the different activity areas and pinned them to a bulletin board. She then asked Sonja to choose one place to play after her snack was finished. This simple environmental support helped Sonja focus and choose her after school activity. Sonja was interested in building Lego towers and her caregiver took the opportunity to re-engage Sonja into building each afternoon for what became her Lego city weeklong project. Sonja's mom excitedly told her special education teacher that Sonja was using math words about measurement, numbers and shapes while proudly describing her creation at child care.

- Time for dramatic and free play that fosters social interaction.
- Frequent conversations prompting children's thinking and language usage.

Jake swirls the three drops of red, white and blue paint with a Q-Tip and smiles.

"Dude, look at this ...it is cool!"

Colin sees what Jake is doing and puts the same colors on his paper. The teacher comes over and says to Jake, "Now you just learned that blue and red make purple!"

Colin says, "I learned that white and red make pink and I have a pink train going Chooo...choo"

The teacher says, "Wow have you seen a train?"

Colin says, "When we drive here we see a freight train."

Jake says, "What's freight?"

Colin says, "I dunno something on a train..."

The teacher asks, "We have a book we could look at after painting that shows some of the materials trains carry that are called freight."

The boys say, "Yeah!" together.

- Not having children wait for activities, meals or other needs for long periods of time.
- Daily times to get outside, and use small and large muscles.

The teacher is ending gathering time and asks a 3-year old girl named Ming, "What is your favorite thing to do outside in our yard? Run? Well you can do that later. Today we are going to have snack on the table outside because it is sunny and warm. I have a basket with our food and drinks ready to carry with us. Let's first wash our hands. While you are waiting for everyone to wash hands you can look at books in the basket by the door."

- Noncompetitive experiences.
- Time to be alone, to rest or to work independently.

Tomas looked tired when he got off the afternoon school bus. He told the provider, "I wanna read for awhile and look at my book about mountains. I gotta think about what I'm gonna make for my school project tomorrow." His caregiver put her arm around his shoulder and said, "Sounds like a good plan, want a snack first? Wanna tell me about your project ideas?"

## Reflect

Visit a program for young children or watch a video at [www.illinoisearlylearning.org/videos/index.htm](http://www.illinoisearlylearning.org/videos/index.htm). Take notes on what you see and hear that relate to the following categories and the preceding list of effective program practices. Did you see anything that you might want to change?

Curriculum considerations	Brief notes: label notes of observation with (+) effective (-) not effective or (?) Unsure
Environment, materials	
Interactions between adults and children	
Skills and abilities supported	
Developmental or subject areas (example: physical, emotional, social, language, math, science, etc.)	
Other observations	

Now observe your own program and make a plan to apply these ideas. Seek professional development courses or workshops, or talk to other providers who you feel are modeling effective practices.

## Strategies to promote learning

In any high-quality FHCC, you would hope to see children moving, observing, talking, working by themselves and socializing with other children and adults. The caregivers should be actively engaged with the children. You might hear the adults saying:

- **Inviting children** – “Come and see how the seeds have grown into plants!”
- **Describing actions** – “I see that you planted the seed deep down into the soil.”
- **Extending what children say** – “Yes, you did it and now you are jumping even higher!”
- **Demonstrating** – “I am pouring the water by tipping the cup just a little bit.”
- **Breaking down** – “First pick a seed...great...then push it into the soil...you did it.”
- **Encouraging** – “I see you have painted the entire paper and you have worked very hard.”
- **Scaffolding** – “Here how about if I put in two puzzle pieces and you put in two?”
- **Guiding through repetition** – “Let’s count napkins.” “Now let’s count shoes....”
- **Promoting thinking** - “How do you think the squirrel found his nuts?”
- **Encouraging analysis** – “Why do you think the ice melted?”
- **Challenging** – “Yes, It looks like an apple because it is red, but it is a different fruit. What could it be?”
- **Listening** – Two boys are deeply involved in building and discussing their next decision. The provider silently listens and moves away because she doesn’t want to interrupt their intense work.
- **Connecting to experience** – “The girl in this book is going to the zoo just like you did!”
- **Wondering with open-ended questions** – “What could the baby be thinking now?”
- **Brainstorming** – “Let’s think of lots of ways we could....”
- **Affirmations** – “I like being with you.”
- **Directing** – “Time to wash hands and go to the snack table.”
- **Redirecting** – “You can play with the cars in the play room after lunch.”
- **Responding** – “Are you feeling OK?”
- **Respecting children’s perspective** – “Jamie’s idea is that we should....”
- **Noticing** – “I see that you are looking like you want to try something new...”

## Reflect

Ask someone to videotape you for about 15 minutes while you interact with children in your FHCC. Later, watch the video and note whether you were using any of the strategies noted in the Strategies to Promote Learning. Also note additional strategies that you think supported children's engagement and learning. How did the children react? Be sure to give yourself credit for all the ways you promoted positive relationships, responded to children, and listened to their perspectives. Finally, note the ways you kept conversations going and prompted children to stay engaged and think about what they were exploring. If the 15 minutes videotaped was challenging, recognize that we all have challenging periods when we are meeting basic needs of children and try it again when the children are more calm and engaged.

If thinking about interactions between you and the children in your care interests you, go to the DEL website at [www.del.wa.gov/care/gris](http://www.del.wa.gov/care/gris) and learn how you can become involved in learning about the CLASS assessment to increase your awareness of the effective ways you interact with young children.

### ACTIVITIES TO PROMOTE CHILD GROWTH AND DEVELOPMENT (WAC [170-296A-6575](#))

Evidence of daily activities may be shared or demonstrated through display, writing or a checklist. Plan and document experiences that promote children's developmental stages and learning.

## Reflect

Fill in examples of activities, experiences and teacher strategies that would promote learning in the column on the left side. Use any of the curriculum resources noted in this section to support your answers or check the *Washington State Early Learning Guidelines* ([www.del.wa.gov/development/guidelines/default.aspx](http://www.del.wa.gov/development/guidelines/default.aspx)) for inspiration.

Promote learning (WAC <a href="#">170-296A-6575</a> )	Examples
1) Social and emotional development, and positive self-concepts	
2) Language and literacy	
3) Physical development, including daily opportunities to develop the child's small and large muscles	
4) Spatial concepts (including, but not limited to, size or position)	
5) Numbers and counting Measuring Comparing and patterning	



## RESOURCE: EXAMPLES OF PROMOTING LEARNING REQUIRED IN WAC [170-296A-6575](#)

### 1) Social, emotional and self-development and positive self-concept

Social and emotional development refers to the growing skills over early childhood necessary to:

- Maintain healthy and trusting relationships.
- Regulate behavior and emotions.
- Develop a healthy concept of personal identity.

If a parent observed your FHCC, would they see evidence of a child or children being supported to **gradually gain skills** toward meeting these social and emotional goals? Would that support fit the age, the individual needs, and the culture of the child?

Take notes on how you intentionally plan (for example, reading a book about “friends”) for these experiences to occur. You might also take notes on how you react to “teachable moments” when they arise each day. These notes and curriculum plans are evidence of your meeting licensing requirements to support social and emotional development. The following list of social and emotional goals is based on the Head Start Child Outcomes Framework – Social Emotional Development (2011).

- Communicates and accepts guidance from trusted adults and peers.
- Cooperates with other children and adults.
- Develops friendships.
- Establishes trusting relationships with adults and peers.
- Has a growing ability to help or take turns.
- Resolves conflict with peers alone and/or with adult intervention as appropriate.
- Recognizes and labels emotions.
- Expresses empathy to others.
- Recognizes how actions affect others.

- Handles impulses and delays wants.
- Follows simple rules, routines, and directions.
- Shifts attention between tasks and moves through transitions.
- Expresses a range of emotions appropriately, such as excitement, happiness, sadness, and fear.
- Refrains from disruptive, aggressive, angry, or defiant behaviors.
- Adapts to new environments.
- Identifies personal characteristics, preferences, thoughts, and feelings.

### Resources

#### Illinois Early Learning Project Videos – See “Please Water”

[www.illinoisearlylearning.org/videos/please-water.htm](http://www.illinoisearlylearning.org/videos/please-water.htm)

#### Revised Head Start Child Outcomes Framework (2011) - See: social-emotional development

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/assessment/child%20outcomes/revised-child-outcomes.html>

### 2) Language and literacy building

Language development refers to the emerging abilities of young children to understand and produce one or more languages. The list below is based on skills noted in the Head Start Child Outcomes Framework – Language Development (2011). Consider how you support children to:

- Pay attention and listen to language during conversations, songs, stories, or other learning experiences.
- Understand increasingly varied vocabulary.
- Comprehend different forms of language, such as questions or exclamations.
- Comprehend different rules for using language.
- Engage in communication and conversation with others.

- Use language to express ideas and needs.
- Engage in storytelling.
- Engage in conversations with peers and adults.

Experienced FHCC providers report how they support oral language development in children in their care by intentionally using everyday moments for vocabulary building.

### ***Language Building in FHCC***

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*“I make sure I use rich and expressive language when talking to my children. I also take time to make sure they understand the words I am using.”*

– Sue Winn, 32 years’ experience in FHCC, La Conner

*“I have learned that kids need to share their day. At lunch we talk about whatever they come up with. When the older kids get off the bus, I sit with them during snack and talk about their day. It is great for them...they know they get to share their day at those particular times.”*

– Suzanne Key, 20 years’ experience in FHCC, Soap Lake

*“Music—both them playing and singing and my playing and singing with them. All ages love to hear the guitar and singing, especially songs they can sing along with.”*

– Jane Thorton, 12 years’ experience in FHCC, Seattle

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How do you also support **early literacy learning** by providing children with opportunities to explore books and engage in other pre-reading and pre-writing activities?

Do you facilitate experiences in which children might engage in any of the following **in an age- and individually-appropriate way**? This list is based on the Head Start Child Development and Learning Framework – Literacy Knowledge and Skills (2011). This list is not appropriate for infants and toddlers.

- Experiments with writing tools and materials.
- Uses scribbles, shapes, pictures, and letters to represent objects, stories, experiences, or ideas.

- Copies, traces, or independently writes letters or words.
- Understands that print conveys meaning.
- Understands conventions, such as print moves from left to right and top to bottom of a page.
- Recognizes words as a unit of print and understands that letters are grouped to form words.
- Identifies and discriminates between words in language.
- Identifies and discriminates between sounds and phonemes in language, such as attention to beginning and ending sounds of words and recognition that different words begin or end with the same sound.

- Shows interest in shared reading experiences and looking at books independently.
- Recognizes how books are read, such as front-to-back and one page at a time, and recognizes basic characteristics, such as title, author, and illustrator.
- Asks and answers questions and makes comments about print materials.
- Demonstrates interest in different kinds of literature, such as fiction and non-fiction books and poetry, on a range of topics.
- Retells stories or information from books through conversation, artistic works, creative movement, or drama.

- Recognizes the association between spoken or signed and written words.
- Recognizes that letters of the alphabet have distinct sound(s) associated with them.
- Attends to the beginning letters and sounds in familiar words.
- Identifies letters and associates correct sounds with letters.

Another example of language and literacy building through understanding content-rich language occurs in the following FHCC example:

Six children are together on the carpet. They range in age from 10 months to 5 years.

Gathering time starts. Oscar, 5, is busy sharing his story about the big slimy slug he saw on the driveway as he came to child care this morning. The children become very excited as they talk about slugs that appeared on the driveway after the rain last night, and the need for all things that are alive to have water to live, even things that are "icky and sticky."

The FHCC provider extends the children's conversation and introduces the children to the concept of water as a building block for all life. She says, "We too need water to live." She asks the children, "What do you think water does in our body after we drink it?"

The 5-year-old says he thinks that "water mushes up the food we eat in our stomach."

"Yes...and it helps us digest our food and that gives us the energy to play and work all day."

She then asks another question, "Have you ever had a drink of water on a hot day? How does that make you feel?"

"GOOD!" yells 3-year-old Caterina.

"Yes, it cools our body down and gives us back the water we need that we lost by being very hot and sweating."

*The teacher then says, "I have a book on water that would be good to read now. It is called "**I Am Water**" by Jean Marzollo. It is a book about water and some of the ways we use it."*

After the book, the teacher teaches the children this song:

*"Drip drop*

*Drip drop drip drop, the rain is falling down,*

*Drip drop drip drop, splashing all around.*

*Let's put on our boots, our raincoats and our hats,*

*And jump in all the puddles with a splish, splosh, splash!"*

Even the 10-month old is laughing and smiling at the rhyme and playful sounds in the song.

See for more ideas on this theme, visit: [www.brighthubeducation.com/preschool-lesson-plans/84654-ideas-for-a-water-theme](http://www.brighthubeducation.com/preschool-lesson-plans/84654-ideas-for-a-water-theme)

Susan Neuman (2005, July), early childhood literacy expert, says that this sort of conversation, with children of different ages, engages the children in "...learning about ideas, hearing new words, and attempting to use those that are of most interest to them..." (NAEYC, Beyond the Journal, Young Children on the Web). Neuman says, "Even the youngest child experiences new concepts and sees how the ideas translate into pictures and words." (p. 4).

### 3) Physical development

Ideas based on the "I am moving, I am learning" website, found at [www.aahperd.org/headstartbodystart/activityresources](http://www.aahperd.org/headstartbodystart/activityresources), include:

- Work on moving in different ways--go outside and practice walking, running, galloping, skipping, jumping and hopping.
- Take a walk in straight lines and then try walking backwards.
- Get outside and practice running.
- Set up an obstacle course using things to jump over, go around, and crawl under.
- Blow bubbles outdoors. Chase and catch the bubble before it pops.
- Pretend you are at a zoo. Identify an animal--move and sound like that animal.

**Resource:** For more ideas go to <http://bodysmartblog.org>.

### 4) Spatial concepts

- Use terms such as *in front of*, *behind*, *top*, *bottom*, *over*, *under*, *last*, *between*, *farthest*, *backward*, *in*.
- Begin by asking a toddler, "Where is your nose?" Then point to your nose. Follow up with, "Your nose is **on** your face," or "Your nose is **on** the **front** of your head."
- With preschoolers you can work on special concepts by saying, "Take **off** your jacket. Hang your **yellow** jacket **on** the hook **above** the doorknob. Put your **red** boots **on** the rug **by** the door."

- Older children love building with blocks and the special relationships of the growing structures offer lots of opportunities to work on special ideas.

### 5) Numbers and counting, measuring, comparing and patterning

*"Mathematics refers to the understanding of numbers, their relationships, combinations, and operations. Mathematics also includes shapes and their structure, reasoning, measurement, classification and patterns. Because math is also about generalizations and abstractions, math skills during the early years help children to connect ideas, develop logical and abstract thinking, and to question, analyze, and understand the world around them. Math knowledge, interest and skills are basic to children's success in school and later life. Early math skills are highly predictive of later academic achievement in multiple subject areas. In the domain of mathematics knowledge and skills, programs need to ensure that children who are dual-language learners can demonstrate their abilities, skills and knowledge in any language, including their home language."*

(The Head Start Child Development and Learning Framework, 2011, pp. 16).

Mathematics Area	Example of experience to promote learning
1) Numbers, counting and quantities	1) Setting the table for lunch and counting the plates, cups and spoons to match the number of people who are eating.
2) Measuring and comparing	2) Lining up toys by their size and measuring.  Discussing the differences between objects by length, weight and size.
3) Patterning	3) Sorting items by size, color or shape. Creating patterns by repeating an ordering of objects.

Here are examples of mathematics in everyday life. Consider Including **measuring** in daily activities. Young children are able to:

- Use teaspoons and measuring cups to help make snacks.
  - Use measuring tools (ruler, eye dropper, clock).
  - Use nonstandard items (hands, shoes, blocks) to describe the sizes of objects.
  - Explore tubes and containers for sand and water play.
  - Estimate specific amounts of items. “Can two tablespoons of paint cover your paper? What do you think will happen?”
  - Let their friends guess their height, then check their guesses using a ruler.
  - Be encouraged to compare wide and narrow, heavy and light, far and near.
  - Ask adults about what they measure at home and on their jobs.
- More numbers
  - More word problems for preschoolers
  - Real graphs for preschoolers
  - Word problems for preschoolers

### Resource

The **Illinois Early Learning Project** website offers some excellent examples of mathematics learning in young children. Scroll down the site at [www.illinoisearlylearning.org/tipsheets/measure.htm](http://www.illinoisearlylearning.org/tipsheets/measure.htm) and find tip sheets on:

- Beginning numbers
- Classification
- Geometric thinking for young children

## Putting it all together: How do children learn through play?

There are many ways to plan for children's learning. There are many curriculum books available to explore and a resource list at the end of this section.

**Observe first:** One way to think about curriculum planning is to focus first on a process that helps you plan for what you already know about individual children. Begin by taking brief notes on what you observe a child or a small group of children are doing and saying when they are engaged in playing about something of interest.

### OBSERVE

Take brief notes about: *What is this child doing and saying?*

Two-year old Timmy puts on a hard hat from the dramatic play area and then pretends to be drilling the cement with his hands. He says, "Drrrrrr... boom...boom. I work!"

Then take time, perhaps during nap time, to reflect on what this brief observation might mean. The information you have from your own observations may then lead you to plan appropriate activities and support children with needed conversations, materials and props to follow their interests.

### REFLECT

*What does my observation it mean?*

Timmy seems to be using his hands to represent the drill used by the workers repairing the street outside of the home child care. He understands how to represent objects in pretend play. Timmy is beginning to express himself with more language.

Now it is time to plan ways to expand on the play to increase the child's learning.

**OBSERVE**  
*What is this child doing and saying?*

OBSERVE

REFLECT

**REFLECT**  
*What does it mean?*

**PLAN**  
*What do I do to keep the learning going?*

PLAN TO  
KEEP THE  
LEARNING  
GOING

### PLAN

*What do I do to keep the learning going?*

- Put out more props for construction work.
- Extend his language for tools, cars and construction work.
- Give him time to act out his new learning.
- Get books with words and pictures about tools.
- Go outside and look at workers fixing the road.

Consider the cycle of the three simple steps of **observe – reflect – plan**. For more information on this process refer to the following resource.

### Resource

Chu, M. (2012). Observe, Reflect, and Apply: Ways to Successfully Mentor Early Childhood Educators, *Dimensions of Early Childhood*, Southern Early Childhood Association, 40(3), 20-28. [www.southernearlychildhood.org/upload/pdf/Dimensions\\_Vol40\\_3\\_Ch Chu.pdf](http://www.southernearlychildhood.org/upload/pdf/Dimensions_Vol40_3_Ch Chu.pdf).



## Reflect

What else might you do if you were Timmy's caregiver? How could you keep him talking, pretending and thinking? Would taking brief notes of what children are doing and saying help your ongoing planning of activities?

### SMALL GROUP LEARNING

Small group learning experiences benefit from your observation and reflection during and after they occur. This will help to ensure children are having

meaningful experiences that offer learning in all the major developmental domains and subject areas. Here is a form you might use periodically to document and check that learning is being facilitated in all the developmental domains--social, emotional, physical, language, intellectual—and in several subject areas, such as math or science.

**Activity:** Making muffins during afternoon activity time

**Date:** \_\_\_\_\_

Developmental Domain or Subject	Children Did or Said	What I Did or Said to Support Learning
<b>Social - emotional development</b>	Discussed what they do at home to help family cook, what restaurants they liked  Choose jobs for baking or cooking  Helped each other set table and clean up	Described the available baking and chef jobs  Ate together for the afternoon snack and celebrated our cooking accomplishment
<b>Physical, Health and Motor Development</b>	Moved, spilled, cleaned up, mixed, discussed what helps bodies grow and stay healthy	Promoted hands-on learning using fine motor mixing skills  Used healthy ingredients
<b>Communication, Language and Literacy</b>	Frequent conversations throughout the baking experience	Asked questions about what baking soda and vinegar does, expanded vocabulary with new ingredient terms, followed picture and word directions
<b>Math, science</b>	Described their math related actions, "I am counting! I am measuring! Used math sequencing words –"first, second..."	Measured, counted, predicted what the batter would look like later, sequenced what ingredients were needed first and second
<b>Creative arts</b>	Choose materials to create pictures and paintings	Later we drew and told stories with bakers and food in it
<b>Social studies</b>	Connected what they heard in the book with their prior experiences with their families and cooking, baking or eating together	Read a book about bakeries Planned together to take a walk to the bakery down the street and talk to the storekeeper

<b>Individualizing</b>	Timmy seemed less involved and watched a lot	Need to talk to Mom about his cooking experiences and think about how to involve him more next time
<p><b>Next Time:</b> I will continue to use math vocabulary and will put cooking props in the dress up area to allow children to expand on this successful learning experience.</p> <p><b>Include all children's traditions:</b> I want to increase the cultural variations in culinary traditions to reflect the diversity in our program and in our community. Next time I will:</p> <p>Make homemade tortillas. Monica's mother has offered to teach all of us how to make them.</p> <p>I also make sushi for my family and want to do that with the children next month. I will check and see if any families have concerns about using seafood. None of the children have any listed allergies, but I will check.</p>		

There are many ways to document your program planning. Some people like to connect their activity plans by topic, subject or learning area. They find this method is a quick way to support their creative ideas and helps them ensure they include learning in many areas.



These activities or experiences may then be added into a daily or weekly plan that is inserted into the daily schedule. The following weekly planned experiences chart is another common way caregivers document their learning plans for children. In this form, a number of considerations are part of the plan. It helps you plan for:

- Subjects, including art or music.
- Activity times, such as: gathering time or outdoor play.
- Broad developmental or learning goals.

Caregivers could also note individual children's goals and variations on activities to fit different age groups and children's needs.

<b>Planned experiences: Week of _____</b> <b>Goals:</b> Use back of sheet for individual children's goals, and different variations of activities to fit different ages					
<b>Area</b> (broad goals)	<b>Monday</b>	<b>Tuesday</b>	<b>Wed.</b>	<b>Thursday</b>	<b>Friday</b>
<b>ART</b> (Creativity, small motor)	Friendship collage	Play dough and music to listen to while creating	Finger painting to music	Lacing baskets to music	Sponge painting to Natural Sounds CD
<b>GATHERING TIMES</b> (Language/ social-emotional skills)	Flannel board story Spanish and English	"Head, Shoulders, Knees & Toes" Spanish/ English	Poems in Spanish/ English	Talk about same/ different with ea. other & introduce new vocab. in Spanish	Sing "Monkeys on the Bed" Spanish/ English
<b>STORIES/BOOKS</b> (Language/ literacy/social)	"The Circus Baby"	"Blueberries for Sal"	Talk through a wordless picture book	"The Snuggle Bunny"	"We are all alike we are all different"
<b>OUTDOORS</b> (Large and small motor skills)	Bean bag toss	Riding toys	Balls and baskets	Bubbles & running games	Going on a bear hunt game
<b>TABLE ACTIVITIES</b> (Math skills)	Water tub, washing babies	Puzzles, lotto game	Baking banana bread	Make group card for sick child	Drawing, writing in our journals

Remember to stay flexible and shift plans if you and the children want to expand one activity into an investigation of a topic over days, weeks or even for part of their day over months. The following scenario shows how an in-depth or continuing project sometimes emerges.

*Judy shared in morning gathering time that she had just gotten her hair cut. The other children seemed very animated and excited to discuss their hair, hair cut experiences and*

*the many items they used at home to groom, clean or care for their hair, their dogs' hair and even what their mothers and grandfathers said about the topic. The interest was so great that the FHCC provider got out a big piece of paper. She made four columns and asked the children questions and documented their comments over the next several days as they discussed their plans. The paper stayed posted on the bulletin board for several weeks as the activities occurred.*

What we know about hair?	What we want to know about hair	How will we learn about our questions?	What did we learned about hair?
<b>Children said:</b>  Beauty people who work in stores cut your hair  Moms and grandfathers cut hair too  People can make their hair different colors  Everybody has different hair	<b>Children said:</b>  What tools do you need to cut someone's hair?  Where do animals get their hair or their fur cut?  Does it hurt the animals?  What is in the drawers of the haircutters at the beauty place?	<b>Children said:</b>  Go to the beauty parlor  Ask Enrique's grandfather to tell us about how he cuts Enrique's hair so good  Get some books on hair  Go to a dog doctor place (veterinarian)  Make a beauty parlor here in the dress up area	<b>Teacher said:</b>  TO DO: Document with pictures, notes and our work... what we did and what we learned... tell our families what we learned....

## Resources

Lillian Katz and Sylvia Chard<sup>12</sup> have written many books about this approach. Adults and children have been doing projects together as long as there have been families and children. Projects with young children can occur with two children in a FHCC or with a large group in a preschool. Projects may last for two days or two months. Some children may see the project through to its completion and others may take a break and rejoin it later.

To get inspired to support ongoing project work, go to <http://illinoispi.org> and the Illinois Project Approach. Also review links to many other early learning project resources at <http://illinoispi.org/examples.html>

## SUPPORTING EMERGENT PLAY

Once you have planned a few activities for a day, then a week, how do you plan for children's spontaneous or emergent play experience? Most early childhood professionals feel that setting up the environment with interesting materials in zones or in multiuse areas supports play well. Also, having a well-planned environment reduces children's boredom and increases their engagement in exploring their world. Section Four on environments explores this in detail.

<sup>12</sup> Katz & Chard, 2000

## Reflect

**Best practices in emergent, play-based learning:** Barbara Martinez-Griego is a former bilingual early childhood teacher and Family Home Child Care licensuror. She is currently the Early

Childhood Education department chair at Skagit Valley College in Mount Vernon. She has worked with hundreds of licensed family home child care providers and offers her perspective on emergent playful curriculum that supports all children's developing identity.

*"Early care and education professionals should strive to design environments, activities and programs that will support each child's physical, cognitive, social-emotional growth and development. Early childhood educators must truly reflect on who they are, what their values and beliefs encompass and how they will infuse or intertwine culturally relevant, responsive care in all they do."*

*"I always enjoy and love to hear laughter when I enter a family child care home. Children need to have a place that they come to daily to be filled with exciting experiences and the laughter and the joy of learning. Smiles and laughter always meant to me that those providers brought joyful learning to the lives of the children they were caring for and learning from each day. This is truly a huge accomplishment! One way to do this is through creativity and the arts which bring light into any learner's life."*

*"I once observed a provider who played the piano. She used it as a wonderful teaching tool – creating songs, dance and movement, and sharing personal stories with the young children in her family home child care. The children learned quickly through imitation of this provider to share and tell their own stories."*

*"In one of my visits, I heard a 4-year old child share that his mommy played the accordion, '... which had a piano on it.' The child shared that an accordion '...is an instrument my grandfather gave us.' Conversations among the children followed about musical instruments. Later the children wrote letters or drew pictures asking the mother with the accordion to come and share her music with them. Then the children and provider very naturally began the process of designing the curriculum. As the children talked the provider wrote down on a large piece of paper, 'learn about instruments,' 'invite family members who play instruments to visit,' and 'read books about music.'"*

*"The natural interests of the children were used to form the focus of project work for the weeks ahead. This was brilliant! By offering these types of discussion opportunities children in this family child care planned what they wanted to know, why it was important to*

*learn it, and gained confidence by choosing how they would learn. The provider had a habit of revisiting the learning plan with the children to decide together how they would keep their investigations of a topic going."*

*"This provider is an example of how to begin to use appropriate culturally relevant activities with children. By writing down children's interests and investigating them, children will be able to address issues that are important and of value to them, their families and their community. As children transition into the wider world they will see it as a place that they belong or fit into, that is not only safe, but exciting, and filled with diversity and interesting differences... a place where they can all live, work, create, transform and prosper together for everyone's benefit!"*

*"Being culturally relevant begins by being sensitive to a family's hopes and dreams for their children. It means to remember that families are the child's first teacher. We hear educators saying that all the time, but it's important to model this statement and believe it. Early care and education providers must always approach each guardian, parent or family with respect, warmth and appreciation, attempting to never overshadow any important adult in a child's life. It is the ultimate responsibility of providers to never risk stealing any parent's dreams for their children."*

*Knowing that all parents want their children to succeed in life and that all parents want the best for their children, we must remember that all humans have an identity and we are all unique and important. Consider following best practices in our profession by dedicating yourself as an educator and an early care provider to these commitments."*

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**I will:**

- Check if the environment is a culturally responsive, healthy, happy and productive place.
  - Notice if all children are engaged in activities and routines set in a natural, calm, positive and productive rhythm.
  - Reflect if children are accepted and allowed to be themselves in my FHCC.
  - Strive to respect all aspects of human diversity including cultures, languages, temperaments and many more aspects of individual needs and strengths.
  - Learn from families and other providers about experiences, cultures and perspectives that I do not have or understand.
  - Help families understand how to navigate other systems in our community to obtain needed resources and to negotiate powerful and sometimes intimidating systems.
  - Continuously communicate and learn from and with enrolled families.
- 

## Culture, language, learning and development

Several pages of the *Washington State Early Learning and Development Guidelines* (2012, pp. 8-9) are reprinted in the following section to support your understanding of how children learn in multiple languages and are supported by responsive adults and environments. The entire guideline test is online at [www.del.wa.gov/development/benchmarks/Default.aspx](http://www.del.wa.gov/development/benchmarks/Default.aspx).

### YOUNG CHILDREN CAN LEARN MORE THAN ONE LANGUAGE

Washington is richly diverse, with more than 200 spoken languages.<sup>13</sup> Many children learn two or more languages at a very young age. They may:

- Learn two or more languages at the same time from birth, or
- While still mastering the home language(s), learn an additional language.

Both are sometimes called “dual-language learners” or, when one of the languages is English, “English-language learners.”

Learning two or more languages or dialects at a young age benefits a child in a number of ways. These benefits include a higher level of thinking and reasoning abilities, and better problem solving and listening skills. For many residents, being fluent in their home language or dialect of English is part of preserving and connecting with their culture.

Children who are learning more than one language or dialect may experience a silent period or seem to be learning more slowly. This is because they are absorbing the sounds and learning the words of the new language. For most children, learning more than one language does not lead to delays in speech or language development.

### LEARNING TRIBAL LANGUAGE WHEN ENGLISH IS SPOKEN AT HOME

Many tribal children in Washington speak mainly or only English in their homes. To restore their languages, tribes are helping their families and communities to learn and use as much of their native language as they can around their children.

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<sup>13</sup> OSPI reported to the legislature that in 2009-10, public school K-12 students served by the Transitional Bilingual Instructional Program spoke a total of 203 languages. See <http://www.k12.wa.us/LegisGov/2011documents/EducatingEnglishLanguageLearners.pdf>



For tribal children, learning their native language is an important part of forming their identity.

Children who learn a dialect of English at home first, then their tribal language and school/formal English, need to know that both their home language and their tribal language are valued. Child care professionals and teachers can foster children's home and tribal language development while helping them gain solid skills in school/formal English.

## RESPECTING THE HOME LANGUAGE AND ADDING ENGLISH

Caregivers, child care professionals and teachers need to respect and foster the languages of their children. Doing so can go a long way toward supporting children's social and emotional development and academic achievement. Language patterns and structure vary from one language to another. Some cultures place more importance on talking and some on nonverbal communication. Adults need to take these factors into account when considering the child's progress in learning school/formal English.

Caregivers, child care professionals and teachers can honor multiple languages and cultures by:

- Using pictures, props and gestures, as needed.
- Using gestures to show what an expected action is, while saying the words to provide a label.
- Learning words and phrases of the child's language.
- Learning and teaching a song in the child's language.
- Providing books, pictures and labels that reflect the child's language/culture (while recognizing that some languages rely more on oral tradition than on writing).
- Encouraging the child or family to teach the child's classmates a song or tell a story from their language and culture.
- Inviting families to explain the differences in expected behaviors between home and the care/school setting.

## BUILDING EXECUTIVE FUNCTION IS CRUCIAL FOR LEARNING AND DEVELOPMENT.

Children who are feeling good and feeling good about themselves develop key self-management skills, called executive function. These skills act like an airport's air traffic controller who manages the arrivals and departures of dozens of airplanes on several runways.

Children develop these skills through interactions with adults, starting at birth. Adults can help by:

- Being responsive to your child's needs.
- Encouraging your child to try different ways to do something.
- Playing hide-and-search games with your child.
- Playing games that require following rules that you agreed on and can change together, such as when playing make-believe.
- Providing ample time and enough materials for make-believe play with other children.
- Asking your child what he or she is doing and feeling, and why.
- Asking your child: "What else could you do? What do you think would be best?" in a non-judgmental, interested tone.
- Sharing your own thinking about what you are doing and feeling, and why.
- Problem-solving with your child in daily activities.
- Listening to your child's ideas and thoughts.
- Noticing what allows laughter to bubble up and playing in ways that allow for your child's laughter (avoiding tickling, which can feel overwhelming).
- Involving your child in cultural activities.
- Talking with your child in the tribal or home language. Developing executive function helps

children learn to pay attention, reason logically, exercise judgment, control their impulses, plan, identify goals and work to achieve them, and assess what is happening and adjust as needed.

## CHILDREN LEARN IN AND THROUGH THEIR ENVIRONMENT.

Whether a child is in a formal early learning setting, a classroom, or at home, the environment plays an important role in learning.

### Some questions to consider:

- Does the environment create a sense of belonging? Does it reflect the child's family and culture?
- Is it safe and organized? Is it aesthetically inviting and engaging?
- Are the spaces flexible and accessible?
- Does the environment give the child opportunities to explore, wonder and try new things? Does it inspire curiosity?
- Is it appropriate for the child's age and stage of development?
- Do materials for the child to play with allow a variety of uses? Are there different things to see, hear and feel—indoors and out?
- Does the environment encourage children to take initiative?
- Are there opportunities for the child to be physically active, and to use the hands and fingers?

## RESOURCE

For more information, see the National Center on Cultural and Linguistic Responsiveness (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic>) or Migrant and Bilingual Education Office at OSPI ([www.k12.wa.us/MigrantBilingual/default.aspx](http://www.k12.wa.us/MigrantBilingual/default.aspx)).

## *Toys and play materials: Safety first!*

While engaging in fun, creative and interesting experiences, remember to avoid unsafe materials.

### PROVIDE TOYS, OBJECTS, AND OTHER PLAY MATERIALS THAT ARE (WAC [170-296A-6600](#)):

- Washable and clean
- Nonpoisonous and free of toxins
- Large enough to avoid swallowing or choking when intended for infants, toddler or children at those developmental levels.

## SAFETY AND MATERIALS

The materials in a child's environment should be safe. The younger the child, the more careful you must be. The U.S. Consumer Product Safety Commission (CPSC) lists the following potential dangers to keep in mind when selecting materials:

- Sharp edges and points
- Small toys or parts
- Loud noises
- Cords or strings that can wrap around a child's neck

**Note:** Uninflated balloons are one of the leading causes of accidental death in young children.

Toys used to shoot or throw objects are also potentially hazardous. Also be aware that:

- Equipment inappropriate for a particular age group (pay attention to the manufacturer's age level recommendations) should be avoided, and
- Electric or battery-operated toys must be "UL Approved" and in good repair (do not allow children to play with wires or batteries).

Keeping the environment safe involves choosing and using appropriate materials in good condition. For example:

- Allow children to use only equipment designed for their size, age and ability level.
- Read and follow all warning labels that come with equipment.
- Use equipment in safe places.
- Teach children how to use equipment safely and supervise children's play carefully.
- Check equipment frequently for damage.
- Remove damaged equipment immediately.
- Throw out equipment that cannot be repaired.
- Make sure children use safety equipment such as helmets, knee pads and goggles when appropriate.

**Art materials (WAC [170-296A-6625](#)).** All pre-packaged art materials must be labeled nontoxic and as conforming to or meeting ASTM D-4236. This does not apply to food items used as art materials, bulk paper, or items from the natural environment.

- Infants, toddlers and preschool age children must be closely supervised when using art materials.

Nontoxic art materials are available to be purchased. However, some materials labeled "nontoxic" are not safe, and consequently providers need to check for the following labeling:

- Only materials approved by the Art and Creative Materials Institute (ACMI) should be used in a FHCC. Materials should be labeled with the chronic hazard labeling standard, ASTM D4236.
- Unlabeled or donated materials should never be used because they may be hazardous.
- Closely supervise all children using art materials and make sure they are used, cleaned up and stored in original containers. Materials should be age-appropriate and children

should not eat or drink while using art and craft materials.

- Only ACMI-approved unscented water-based markers should be used for children's art projects and work.<sup>14</sup>

To engage children in active, meaningful learning it is important to:

- Foster positive self-identity and a sense of emotional well-being.
- Develop social skills and knowledge.
- Encourage children to think critically, reason, question and experiment (as used in pre-reading, writing, mathematics, science, and social studies).
- Enhance physical development and skills.
- Encourage and demonstrate sound health, safety and nutritional practice.
- Encourage creative expression, representation and appreciation for the arts.
- Develop a sense of belonging to the natural environment.
- Ensure that materials and practices of your program reflect the backgrounds and current practices of the children and families enrolled.
- Respect and celebrate cultural and other forms of human diversity.

The following lists provide examples or possible materials that are developmentally appropriate for your FHCC. Younger and older children may enjoy the same materials and a single material can satisfy multiple needs. Consider the interests and abilities of the individual children in your care before deciding which materials are appropriate. Do not feel like you need to offer all of these items all of the time. It is appropriate to rotate the toys and materials you have available to children and to avoid a cluttered or chaotic space that makes choosing materials challenging.

<sup>14</sup> *Caring for Our Children*, 2011 pp. 231-232.

<b>Infants (up to one year)</b>	
<b>Intellectual, language, and sensory development</b>	
<ul style="list-style-type: none"> <li>• Possible materials include: Objects with different textures such as fuzzy, bumpy or smooth</li> <li>• Rattles with different sounds and shapes, music tapes including classical, lullabies, children's songs, and music from different cultures</li> </ul>	<ul style="list-style-type: none"> <li>• Cloth or sturdy cardboard picture books with realistic drawings or photographs of familiar objects (non-fiction and fiction)</li> <li>• Nesting cups, floating toys, and boxes, tubes, spoons, bowls and buckets made of cardboard, sturdy plastic, wood, or cloth.</li> </ul>
<b>Large and small motor development</b>	
<ul style="list-style-type: none"> <li>• Squeeze toys, filling and dumping container with objects that children can drop or scoop something into and take out again</li> <li>• Large wooden cubes to push about and climb into</li> <li>• Push toys and pull toys</li> <li>• Supervised bucket swings</li> </ul>	<p>Mirror and/or pull-up bar mounted on the wall, and small stairs, platforms, ramps, and other furniture and equipment children can safely climb into, over and under.</p>
<b>Toddlers (1 to 2-1/2 years)</b>	
<b>Social, emotional, and creative development</b>	
<ul style="list-style-type: none"> <li>• Dolls that accurately reflect different cultural groups</li> <li>• Props for dramatic play of home and work environments such as stove, sink, baby carriage, vacuum, shopping cart and play telephone</li> <li>• Stuffed animals and mirrors</li> <li>• Hand and finger puppets</li> </ul>	<ul style="list-style-type: none"> <li>• Dress-up clothes</li> <li>• Plastic, realistic animals, cars, and people; figures representing different ethnic backgrounds, ages, and gender</li> <li>• Musical instruments such as bells, triangles, rattles and wood blocks</li> <li>• Art supplies including large crayons, washable felt pens, play dough, chalk board with chalk, paints with wide brushes or blunt ends, and low easels</li> </ul>
<b>Intellectual, language, and sensory development</b>	
<ul style="list-style-type: none"> <li>• Shape and/or color sorting toys</li> <li>• Simple interlocking puzzles with knobs (3-7 pieces)</li> <li>• Magnet boards with shapes,</li> <li>• Smelling jars</li> </ul>	<ul style="list-style-type: none"> <li>• Music and story tapes</li> <li>• Sturdy, colorful books with simple stories, few details, and familiar objects</li> </ul>

<b>Large and small motor development</b>	
<ul style="list-style-type: none"> <li>• Large push toys and pull toys</li> <li>• Cars and riding vehicles with no pedals</li> <li>• Low slide, small steps and ramps, tunnels, and balance beam</li> <li>• Low, soft climbing platforms</li> <li>• Large building blocks</li> <li>• Oversized balls</li> <li>• Oversized pegboards and hammering and pounding toys</li> <li>• Stacking toys</li> </ul>	<ul style="list-style-type: none"> <li>• Jars with lids to screw and unscrew</li> <li>• Fill and dump materials and container</li> <li>• Water table, sand table (or large dishpans on low table), kitchen utensils for water or sand play such as cups, funnels, spoons and tongs, and tools for dusting and wiping tables</li> <li>• Large beads or spools for stringing on colorful shoelaces</li> </ul>
<b>Preschoolers (2-1/2 to 5 years)</b>	
<b>Social, emotional, and creative development</b>	
<ul style="list-style-type: none"> <li>• Dramatic play area with multi-cultural props, occupational props, furniture and clothing</li> <li>• Occupation prop boxes containing materials to play doctor, office, store, scientist, restaurant, bus driver, construction worker, farm worker, cook, etc.</li> <li>• Real housekeeping equipment such as small brooms, dustpans, dusters, window washing supplies, sponges, mops and dishwashing equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Self-care activities including dressing and tying frames, hair brushing and tooth brushing (individual sets), face washing, and shoe polishing</li> <li>• Puppets with a simple puppet stage</li> <li>• Felt boards</li> <li>• All sorts of art materials such as paste, clay, chalk, crayons, collage materials, etc.</li> <li>• Sandbox and water play toys</li> </ul>
<b>Intellectual, language, and sensory development</b>	
<ul style="list-style-type: none"> <li>• Puzzles of all types for differing abilities including some with knobs</li> <li>• Objects for sorting and classifying by size, shape or color such as large buttons and beads, sea shells, a collection of small cars and trucks, etc.</li> <li>• Sequence and before-and-after cards, pattern-making materials including pegs, colored shapes, and stringing beads</li> <li>• Books about the world, people, animals, different cultures, and numbers (non-fiction and fiction)</li> <li>• Science materials including scales, balances, magnets, magnifying glasses, sea shells</li> </ul>	<ul style="list-style-type: none"> <li>• Measuring cups and spoons, balance scale and various sizes of containers for filling and pouring</li> <li>• Math games to reinforce concepts such as counting, number recognition, more/less, the same, smallest to largest, etc.</li> <li>• Language games: vocabulary games, concept games, matching cards, rhyming games, sorting objects or pictures by sound, or memory games, recognizing letters and their sounds</li> <li>• Simple games such as lotto, dominos, picture bingo, pickup sticks and sound identification</li> </ul>

<b>Large and small motor development</b>	
<ul style="list-style-type: none"> <li>• Balls and sporting equipment of all types</li> <li>• Jump ropes and hula hoops</li> <li>• Wheeled vehicles with pedals, scooters, wagons and wheelbarrows</li> <li>• Climbing structures such as ladders, cargo nets, poles, slides and swings</li> <li>• Large block sets</li> <li>• Large set of small, interlocking blocks</li> </ul>	<ul style="list-style-type: none"> <li>• Simple sewing activities</li> <li>• Carpentry bench with real, child-sized tools (hammer, vise, screwdriver, saw)</li> <li>• Materials for cooking projects</li> <li>• Materials for gardening projects</li> <li>• Musical instruments from different cultures</li> <li>• Scooping, tweezing, pouring, stirring, opening and closing, and polishing activities</li> <li>• Materials to encourage cutting, pasting, painting, drawing, copying, tracing, writing letters and words</li> </ul>
<b>School-age children (5 to 12 years)</b>	
<b>Social, emotional, and creative development</b>	
<ul style="list-style-type: none"> <li>• Dress-up clothes with a variety of multicultural, real props</li> <li>• Puppets, including shadow puppets and marionettes (children can act out their own scripts)</li> </ul>	<ul style="list-style-type: none"> <li>• Cooperative games</li> <li>• Dolls that accurately reflect different cultural groups and gender</li> </ul>
<b>Intellectual, language, and sensory development</b>	
<ul style="list-style-type: none"> <li>• Board games of all types, especially those requiring strategy and problem solving</li> <li>• Puzzles (50-1,000 pieces), three-dimensional puzzles</li> <li>• Audio-visual equipment such as blank tapes and CDs for own recordings, tape player, CD player and earphones, records and tapes and CDs of different types of music</li> <li>• Materials for making collections, equipment for setting up aquariums and terrariums</li> </ul>	<ul style="list-style-type: none"> <li>• Science kits and tools including magnets, balances, microscopes, telescopes, prisms, weather kits and simple materials to do chemistry experiments</li> <li>• Typewriter</li> <li>• Computers with educational games</li> <li>• Books of common interests including fairy tales, myths, animals, contemporary stories about other children, poetry, nature, science, space, magic, math (non-fiction and fiction)</li> </ul>
<b>Large and small motor development</b>	
<ul style="list-style-type: none"> <li>• Outdoor and gym equipment of all types, especially organized group games</li> <li>• Wide variety of art materials that are readily available</li> <li>• Model building materials</li> </ul>	<ul style="list-style-type: none"> <li>• Large sets of small, interlocking blocks</li> <li>• More specialized tools for working on projects or skill development in carpentry, sewing, cooking, music, etc.</li> <li>• Games requiring speed, coordination, strategy and extended concentration.</li> </ul>



## MULTIPLE PURPOSES SERVED BY A SINGLE MATERIAL OR ACTIVITY

A single material with many uses can meet different developmental needs and interests. Look for materials that are open-ended, meaning there is more than one way to use them. Blocks, play dough, and cardboard boxes are examples of open-ended materials. Their uses vary with a child's age and ability. A good activity is one that can meet a variety of needs at the same time.

A toddler might poke the play dough with her finger to explore the physical properties while the school-age child might use it to make an elevator in a play dough apartment building, all at the same table.

## PLANNING FOR ACTIVITIES THAT ALLOW FOR DIFFERENCES, PREFERENCES AND ABILITIES

Each child is a unique person with an individual pattern of timing and growth. Children also have individual personalities, temperaments, learning styles, experiences and family and cultural backgrounds. A developmentally-appropriate program adapts for inevitable individual variation among children. This is done by providing a variety of materials and activities that supports children's individuality and meets their developmental levels.

When planning children's activities, please keep in mind:

- The developmental range in a same-age group may be two years or more.
- You may have individual children with other interests or skills outside the age range of the group.

You may have children with special needs who require modifications to their activities in order to succeed. In addition, children differ in how comfortable they are with different activities. You will need to be sensitive to cultural and individual differences in your children's preferences and learning styles.

Some children:

- Learn well by listening. Others need to do something before they understand fully.
  - Can sit still for long periods of time. Others need to be free to move about.
  - Want to be able to do an activity perfectly before sharing their accomplishment. Others are more comfortable with the trial-and-error approach.
  - Are very outgoing and outspoken with adults. Others are uncomfortable when an adult is speaking to them or watching them.
  - Do not like being told what to do. Others need to hear exactly what is expected of them.
  - Play comfortably in a group. Others prefer to play alone.
  - Cannot wait to crawl into your lap. Others are uncomfortable with being touched.

Children need opportunities to repeat activities. With repetition, children gain increased confidence, skills and feelings of achievement. However, repeating an activity should be the child's decision, not the caregiver's.

Children learn best when they choose activities they find meaningful. As a caregiver, you should:

- Prepare the environment with a variety of interesting and culturally relevant activities that cover a range of skill levels.
- Help children choose activities they are likely to find challenging and satisfying.
- Listen and observe as children play with materials.
- Rotate materials to maintain interest.

Help children's further exploration and learning by:

- Asking meaningful questions.
- Talking about logical relationships.
- Making suggestions.
- Adding more complex materials or information to extend children's thinking.

- Letting children take the lead to avoid taking control of the play.

Young children do best working and playing in small groups. Total group instruction is not an effective way of teaching children or solving problems. Most conversations should be with individual children or small groups. Make sure that:

- You have many opportunities throughout the day to speak and relate with each child individually.
- Children have many opportunities to express their own thoughts and opinions to caregivers and to each other in a variety of ways.

In order to prepare activities that are interesting and age appropriate, you will need time to plan activities ahead of time and:

- Coordinate with other staff about their contributions to the curriculum.
- Make sure all materials and equipment are prepared in advance and are in good working order.

## STORING AND DISPLAYING MATERIALS

Having an organized method of storing and displaying materials will increase the quality of the program you offer. It will:

- Set an example of care and respect for the materials.
- Result in fewer pieces being lost or broken.
- Cut down on the time staff spend helping children find materials.
- Find an activity or its missing pieces.
- Allow staff to group materials into areas, such as language, manipulatives, building, house-keeping, etc.
- Allow children to feel more independent and competent.

Containers and accessible storage shelves should have labels to encourage self-help. Ideas for labeling include:

- Putting a colored dot on a basket and the same colored dot on the shelf where it belongs.
- Drawing the outline of an object such as a hammer on the pegboard showing where the hammer should hang. As a language experience, write the name of the toy where it should be placed.
- You need to have different levels of storage if multiple age groups share an area at different times of the day. Store materials with sharp, small, or otherwise dangerous parts out of reach of younger children and ensure older children pick up all small toys and put them away.
- Materials should be rotated to maintain interest and meet specific individual children's needs.

## RESOURCE

A quality child care program must be able to answer the question "How can we stay aware of product safety alerts?" Go to [www.del.wa.gov/development/safety/recalls.aspx](http://www.del.wa.gov/development/safety/recalls.aspx) and review currently recalled products and sign up to learn about them as they are posted.

## REFLECT

One of the special features of FHCC is the need to plan for engaging and safe multiage care. Providers in Washington were asked the following question, "When children of different ages are together in your family child care, how do you support their activities or experiences? For example: How do toddlers and preschoolers use the same room? Or infants and older children?"

More than 70 providers responded and here are few of their suggestions for planning for multiage care:

- *"We include infants and toddlers in most all of our activities. Infants and toddlers can participate in our circle time, preschool program, arts & crafts, etc. Even just having an infant lie next to you doing tummy time during your circle time includes them. It's amazing what they*

*pick up at such a young age! It's also great for the older kids to have the younger group in our same space. It's amazing to watch the interaction with different age groups."*

- *"I have similar, but age appropriate activities adjacent. Sometimes I assign older kids to help the little ones do the project and they both enjoy it."*
- *"I do ages two and up. While the older kids are coloring I encourage the younger children to sit at the same time. They color and do table activities while the older kids do their crafts."*
- *"We move and act as a family, older kids help younger ones. Everyone has space that can be used individually if necessary. I use a higher up table when an older child wants to do something baby can't."*
- *"There are set times for different activities for the older children and then the younger children have their different activity and then we bring them together."*
- *"I have separated the different areas according to age groups and activities. And when we are all together we accommodate enough fun for every age."*
- *"I have a small family child care. We have babies and toddlers. I like the toddlers interacting with the babies. These children can be helpful by getting toys, helping with pacifiers, as well as entertaining during meal preparation. The infants also learn by seeing and watching the toddler. When we do our 'school time' these babies get to watch and learn right along with the toddlers. And as they get older, it is easy to find projects and activities that scale down for the younger toddler or baby. (We make sure no toys are unsafe for the babies. I supervise well.)"*
- *"My toys are safe for all ages so I don't have to worry about choking hazards or trying to teach a 4-year old why a 1-year old can't have a certain item."*

What ideas do you have for providing multiage care?

## Screen time

What is screen time? Some examples of screen time that young children may encounter include computers, tablets, mobile phones, cameras, movies, electronic toys, electronic games and, of course, TV. Today some children are even exposed to screen time in their cars or when shopping with families. Screens are everywhere. While these devices may be a source of learning if carefully used for children over the age of three, there is concern that the passive use of screen time is a poor replacement for the learning that comes from active play, or interactions between children and/or adults. Growing rates of obesity and reduced playing time is a big concern for children in the United States. The American Academy of Pediatrics discourages any amount of screen time for children under age two and recommends no more than two hours of screen time per day for children older than two. For more information go to [www.aap.org](http://www.aap.org).

### SCREENS

(SEE: WACS [170-296A-6650](tel:170-296A-6650) / 6675 /6700)

FHCC standards reflect the screen time research and require if screen time occurs for children in care, exposure to screen time must be minimized for any child under age two by:

- Providing alternative activities for the child.
- Moving the child away from direct view of the screen.
- Positioning the child so the child is not able to view the screen.

For all children the screen time must:

- Be educational, and developmentally and age-appropriate.
- Have child-appropriate content.
- Not have violent or adult content.
- Be limited for any child to less than two hours per day during operating hours.
- Not require children to participate in screen time.
- Provide alternative activities to screen time.

- Place children at least three feet from a television screen.

### How might you use technology appropriately for educational purposes?

An optional use of technology could be to document the process of children's learning. If you videotape a child hard at work creating a painting, working on a block tower or pretending to be a doctor, you could show it to them later. A subsequent conversation could revisit children's work with statements and questions such as:

- I wonder what you were thinking about when you chose to draw the flowers with large purple leaves?
- How did you figure out how to put all your doctor tools into that one bag?

Use technology to make children's learning visible to them and their families. By asking questions and collecting photographic, audio and video evidence of the process of children's thinking you can have an ongoing conversation with a child about their development.<sup>15</sup>

### Resource

Educational uses of technology for children during the first years may be found at these websites:

**Fred Rogers Center for Early Learning and Children's Media at Saint Vincent College**  
[www.fredrogerscenter.org](http://www.fredrogerscenter.org)

**NAEYC Technology and Young Children Interest Forum**  
[www.techandyoungchildren.org](http://www.techandyoungchildren.org)

**Technology in Early Childhood (TEC) Center at Erikson Institute**  
[teccenter.erikson.edu](http://teccenter.erikson.edu)

## Sleep

Sleep is required for good health. Infants usually take several naps every day. Each infant should be on a consistent sleep schedule that is aided by being fed and soothed, then put down for a nap with a dry diaper. Rocking, singing, patting or other routines are common ways providers can support children to fall asleep. Lighting should not be dark. Consistent routines and quiet places for rest benefit all young children. Most providers find that children soon learn to tune out noises and will sleep through normal noises in a FHCC.

Toddlers may sleep 12 to 14 hours per day. Children ages 3 to 5 sleep an average of 10 hours per day. This usually includes a nap for all of these ages. If a nap is not taken, children need to be provided with quiet activities.

Sleep is essential to good health. However, it is an area where parents and caregivers may have different points of view. Parents who have a hard time getting their child to sleep at night might ask you to prevent the child from napping during the day. It is important to let parents know that a tired child needs to nap. You may need to sit down with them and sensitively discuss their child's 24-hour sleep patterns. Providers and parents can work together to ensure children are getting adequate sleep. However, this is a delicate topic and no parent wants to be made to feel defensive, especially one who is very sleep-deprived. One option is to refer to some handouts on sleep routines that are available at this very helpful webpage for parents and guardians of infants and toddlers:

### Zero to Three

[www.zerotothree.org/child-development/sleep/tips-and-tools-1.html](http://www.zerotothree.org/child-development/sleep/tips-and-tools-1.html)

Great information on tips and tools for sleep.

### REST PERIODS (WAC [170-296A-6800](#))

Daily supervised rest periods must be offered for children, and the supervised rest period must be:

- Offered to all children age five and younger who remain in care more than six hours per day.

<sup>15</sup> Parnell & Bartlett, May 2012, v. 67, n. 3, pp. 50-58.

- Offered to any child who shows a need for rest.

Children should not be forced to sleep and a provider should:

- Provide quiet activities for the children who do not require rest. These activities must be offered with a minimum of disruption to sleeping children.
- Communicate with the parent or guardian about the child's sleep needs and patterns.
- Allow infants and toddlers to follow individual sleep patterns.

See WAC [170-296A-3725](#) through [170-296A-3825](#) regarding sleeping equipment and bedding requirements.

### OVERNIGHT CARE (WAC [170-296A-6850](#))

If the provider is approved by DEL to provide overnight child care, the provider or primary staff person must be awake until all children in care are asleep and:

- Must be on the same level of the home as the children in care.
- Must maintain required staff-to-child ratios.
- The daily schedule under WAC [170-296A-6550](#) must include evening or overnight care.

If you are approved for overnight care, it is important to confer with a child's family about ways to meet the child's need for a consistent and nurturing nighttime sleep routine. Thinking about how to arrange for a routine that flows from the same attention to meeting a child's emotional, physical and other needs as facilitated during the daytime is essential.

Many parents feel anxious about overnight care, and taking the time to develop a plan with the family will support a child's transition from home to child care, when work or other circumstances require a family to arrange for care at night.

Your DEL licenser is a helpful resource person in developing an overnight care plan.

**Note:** See WACs [170-296A-3725](#) through [170-296A-3825](#) regarding sleeping equipment and bedding requirements for daytime and overnight care. See WAC [170-296A-4400](#) and [170-296A-4425](#) regarding door alarms, night latches, deadbolts and security chains.

**Where children may sleep** (WAC [170-296A-3725](#)): You must provide mats, cots, or other sleeping equipment long enough and wide enough for the size of the child. In addition:

- You must never place the children directly on the floor to sleep.
- When children are sleeping there must be enough space between children to give staff access to each child.

**Mats, cots and other sleeping equipment** (WAC [170-296A-3750](#)): You must provide mats, cots, or other approved sleeping equipment that are made of material that can be cleaned and sanitized.

- Mats, cots, or other sleeping equipment must be in good repair, not torn or with holes or repaired with tape.
- A sleeping mat must be at least one inch thick.
- Mats, cots, or other sleeping equipment must be cleaned, sanitized, and air dried:
  - At least once a week or as needed if used by one child.
  - Between each use if used by different children.
  - If a bleach solution is used to sanitize, the solution must be one-quarter teaspoon of bleach to one quart of cool water;
  - If another sanitizer product is used, it must be used strictly according to manufacturer's label instructions including, but not limited to, quantity used, time the product must be left in place, and adequate time to allow the product to dry.



When in use, mats, cots, or other sleeping equipment must be arranged to allow the licensee or staff to access the children. Mats, cots, and other sleeping equipment must be stored so that the sleeping surfaces are not touching each other, unless they are cleaned and sanitized after each use.

**Bedding (WAC 170-296A-3775):** Each child's bedding, including sleeping bags and slumber bags, must:

- Meet the child's developmental needs.
- Consist of a clean sheet or blanket to cover the sleeping surface.
- Include a waterproof moisture barrier under the sheet or blanket.
- Have a clean, suitable cover for the child; children must not nap directly on the waterproof moisture barrier or the floor.
- Be laundered weekly or more often if soiled or used by different children.
- Be stored separately from bedding used by another child.

**Overnight sleeping (WAC 170-296A-3800):** If DEL has approved you to provide overnight care, you must provide every child a bed or other sleeping equipment to sleep that:

- Is safe and in good condition.
- Is waterproof or washable.
- Meets the child's developmental needs.

**Loft style and bunk beds (WAC 170-296A-3825):** You must not allow children less than six years of age to use:

- Loft-style beds.
- Upper bunks of bunk beds.

## Off-site activities and transportation

Field trips can allow children to see and do things they may not usually experience in a child care program. Extra attention must be paid to safety during any off-site activity or trip. Unfamiliar surroundings and the need to transport the children increase the risks. Some providers increase safety by choosing to voluntarily exceed the required staff-to-child ratio by inviting parents, and increasing the number of trained staff who accompany children on a field trip.

**Motor vehicles:** According to the National Center for Health Statistics, auto crashes are the leading cause of death among children ages 3 to 14 in the United States. Safety restraints are effective in reducing death and injury if they are used properly. The best car safety seat is one that fits in the vehicle being used, fits the child being transported, has never been in a crash, and is used correctly every time.<sup>16</sup> See the National Highway Traffic Safety Administration's National Center for Statistics and Analysis (2008) *Traffic safety facts, 2008, Children*. [www.nrd.nhtsa.dot.gov/pubs/811157.pdf](http://www.nrd.nhtsa.dot.gov/pubs/811157.pdf).

When in a parking area, be especially careful about examining any children's loading and unloading areas. Plans for loading and unloading should be discussed and demonstrated with the children, families, caregivers, teachers and drivers.

The following six FHCC standards relate to off-site trips:

### 1. PARENT OR GUARDIAN PERMISSION (WAC 170-296A-6400)

- Have written permission from the parent or guardian before the trip occurs.
- Keep the permission in the child's file.
- Have a separate permission for activities that occur less than once per month.

For activities that occur more than once a month, you must:

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<sup>16</sup> *Caring for Our Children*, 2011, p. 291.



- Have a signed parent or guardian permission on file for each child.
- Let parents and guardians know how to contact you when children and staff are off-site.

## 2. ACTIVITY SUPERVISION (WAC [170-296A-6425](#))

You must provide supervision at all times and be able to promptly assist or redirect the children's activities. Direct supervision is one of the most basic safety practices and means of preventing injury in child care. It is required in order to maintain a quality child care program of any type. The most basic assumption of parents and guardians is that you will continuously supervise their children and know where they are at all times. This means you should be able to hear and see the children at all times. You should regularly count children and have an attendance sheet nearby. Adults who know children well are the best people to supervise and prevent unsafe behaviors. Supervision involves:

- Scanning play activities and circulating around the area.
- Knowing each child's abilities.
- Establishing clear and simple safety rules.
- Being aware of and scanning for potential safety hazards.

Children need spaces, indoors and out, in which they can withdraw for alone-time or quiet play in small groups. However, program spaces should be designed with visibility that allows constant adult supervision.<sup>17</sup>

## 3. EMERGENCY INFORMATION AND SUPPLIES (WAC [170-296A-6450](#))

An emergency consent form for each child is required that includes:

- Emergency contact information.
- Permission to obtain medical treatment for the child in the event of a medical emergency.
- A list of the child's allergies, if applicable.

- Permission to administer medications, if applicable.
- Emergency supplies, including a first aid kit.
- Each child's required medication or emergency medicine, if applicable.

## 4. TRANSPORTATION (WAC [170-296A-6475](#))

Follow RCW 46.61.687 and other applicable laws as follows:

- Meet current safety standards regarding child restraints and car seats.
- Carry a current copy of each child's completed enrollment form in the vehicle at all times as required under WAC [170-296A-6450](#).
- Maintain the vehicle in safe operating condition.
- Have a valid driver's license for each driver.
- Have a current insurance policy that covers the driver, the vehicle, and all occupants.
- Take attendance each time children are getting in or getting out of the vehicle.
- Never leave children unattended in the vehicle.
- Maintain required staff-to-child ratio and capacity.

## 5. USING PUBLIC TRANSPORTATION (WAC [170-296A-6500](#))

You may transport children on public transportation, provided the children are supervised at all times and the required staff-to-child ratios are maintained. You may never send or allow children on public transportation unsupervised.

## 6. TRANSPORTING CHILDREN—LIMITED PERIODS (WAC [170-296A-6525](#))

You must not transport children in care for periods of more than two hours per day on a regular and ongoing basis.

<sup>17</sup> *Caring for our Children, 2011, Chapter 2.*

## RESOURCES FOR FIELD TRIPS

Aronson, S. (Ed.) (2012). *Healthy Young Children: A Manual for Programs*. (5<sup>th</sup> Edition). Washington, DC: NAEYC. See pages 44-45, 144, 153-157, and 192 for suggestions for safe and healthy field trips with young children.

# Infant Care

Infants and toddlers learn by touching, tasting, feeling, watching and listening while in a close and responsive relationship with their caregivers. These youngest of children learn holistically while exploring the world with all of their senses. Dr. Ron Lally<sup>18</sup> states *“Reflective curriculum planning focuses on finding strategies to...keep alive children’s internal motivation to learn, and their spontaneous explorations of people and things.”*

The main thing to remember when including infants and toddlers in your FHCC is:

**Respect and understand how infants and toddlers are different from older children. Support their interests and needs rather than treating them as subjects or objects. Expand on their interests through responsive interactions. Become a “dance partner” rather than a director of learning.**



When you facilitate a learning experience for an infant, it might be to play peek-a-boo or stack cups together. These activities are successful when they are built on what the child was already interested in and developmentally ready to explore. This age requires tremendous attention to how the child is responding in the moment. Young children are partners in the selection of learning content and the caregiver has to move and flow with the infant’s rhythms.

Emotional support is not separated from any other type of learning. An adage in infant care is, “Variety to awaken, repetition to soothe.” The experienced infant caregiver knows how to gently support the child who is overwhelmed and crying, to be rocked with repetitive rhythms into a calmer state. Noticing that an infant is active and alert and wants to play, or is drowsy and ready to be soothed to sleep is not simple, but comes with getting to know an individual baby well.

When working with infants and toddlers, your plans should be flexible and you should be open to the opportunities for learning that interest the children. Respecting infants and toddlers means you expand upon their focus rather than push specific activities that do not fit their interests or needs. However, this does not mean that you

<sup>18</sup> Lally, 2009, p. 52.

never plan. A lot of planning goes into ensuring the environment is appropriate for the child's age and meets all safety standards.

This preparation allows you to be responsive in the moment. Caring for the youngest children might entail:

OBSERVE	REFLECT	PLAN & DO
Notice/document <ul style="list-style-type: none"> <li>• Child's interests, curiosities, feelings, strengths, temperament</li> <li>• Notice competence and capabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Dialogue with peers, professionals, families, use resources to understand child</li> </ul>	<ul style="list-style-type: none"> <li>• Engage in emergent and individual learning experiences</li> <li>• Reflect on program responsiveness, consistency, enrichment</li> </ul>
Notice/document <ul style="list-style-type: none"> <li>• Child learning process, ways of learning, developmental milestones</li> <li>• Communicate developmental differences that are of concern to family</li> </ul>	<ul style="list-style-type: none"> <li>• Organize your notes and caregiving materials,</li> <li>• Stay current with health, safety guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate with families</li> <li>• Learn from families</li> <li>• Learn the families goals for their children</li> </ul>

Since relationships are at the center of infant and toddler caregiving, reflect on what each part of the triangle of infant relationships (infant-caregiver-family) needs, and your role in facilitating it. As the infant becomes a toddler, their peers play a larger role in their experiences and learning.

What do infants and toddlers need?	What do their caregivers need to do?	What do their families need?
<ul style="list-style-type: none"> <li>✓ Love, attention, caring</li> <li>✓ Feeling safe and secure that their needs will be met and they will have responsive adults nearby</li> </ul>	<ul style="list-style-type: none"> <li>✓ Recognize and respond to non-verbal cues and emotions</li> <li>✓ Engage in back and forth interactions that fit the child's rhythms</li> </ul>	<ul style="list-style-type: none"> <li>✓ Respect, understanding</li> <li>✓ Communication</li> <li>✓ Acceptance when exhausted or unable to explain feelings</li> </ul>
<ul style="list-style-type: none"> <li>✓ Empathy and understanding</li> <li>✓ Feeling understood</li> </ul>	<ul style="list-style-type: none"> <li>✓ Be present, be in the child's world</li> <li>✓ Know resources for infants and toddlers with special needs and refer parents with questions about a possible developmental delay to the local family resource coordinator*</li> </ul>	<ul style="list-style-type: none"> <li>✓ Learn about typical growth and developmental variations</li> <li>✓ When to ask about a possible delay</li> </ul>

<ul style="list-style-type: none"> <li>✓ Help to manage feelings</li> <li>✓ Know when the child is tired, hungry, exhausted or overwhelmed</li> </ul>	<ul style="list-style-type: none"> <li>✓ Keep individual routines and daily rhythms that meet child's needs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Cultural-linguistic responsiveness</li> </ul>
<ul style="list-style-type: none"> <li>✓ Predictable world, routines</li> <li>✓ Feel control over their world</li> <li>✓ Feel the world is a responsive place</li> </ul>	<ul style="list-style-type: none"> <li>✓ Reflect with parent about eating, sleeping, toileting and other issues and wishes</li> </ul>	<ul style="list-style-type: none"> <li>✓ Caregiver likes, cares for and wants child to grow and thrive</li> </ul>
<ul style="list-style-type: none"> <li>✓ Exploration, independence</li> <li>✓ Feel competent</li> </ul>	<ul style="list-style-type: none"> <li>✓ Know child development,</li> <li>✓ Know the individual</li> <li>✓ Enjoy extending the learning,</li> <li>✓ Know family culture</li> </ul>	<ul style="list-style-type: none"> <li>✓ Flexibility and consistency</li> <li>✓ No judgment or criticism</li> </ul>
<ul style="list-style-type: none"> <li>✓ Gentle guidance through routines, choices and limits as I grow into a toddler</li> </ul>	<ul style="list-style-type: none"> <li>✓ Communication with family</li> <li>✓ Repair relationships when needed</li> </ul>	<ul style="list-style-type: none"> <li>✓ Joining together to work for best interest of the child</li> </ul>
<ul style="list-style-type: none"> <li>✓ Need adults who wonder, "How do you feel? What do you need?"</li> </ul>	<ul style="list-style-type: none"> <li>✓ Be self-aware, manage emotions, empathy, communicate, cooperate</li> </ul>	<ul style="list-style-type: none"> <li>✓ Understand how important you are to me, as my child's caregiver, but I may not always say it</li> </ul>

\*When parents have developmental concerns, be sure to refer them to your local Family Resource Coordinator. Call the Family Health Hotline to find your local FRC at 1-800-322-2588. See resources for inclusive care and education for children with special needs at the end of this section. Early intervention services can make a big difference in the first three years of a child's life. Washington's Early Support for Infants and Toddlers (ESIT) program coordinates a system of

early intervention services. Eligible infants and toddlers and their families are entitled to individualized, high quality early intervention services in accordance with the federal Individuals with Disabilities Act (IDEA), Part C.

See also the Center for Disease Control (CDC) Milestones Moments brochure at [www.cdc.gov/ncbddd/actearly/downloads.html](http://www.cdc.gov/ncbddd/actearly/downloads.html)

## Active learning experiences

The predictable daily **routines** of eating, sleeping, diapering or toileting take up a large part of the day for an infant and toddler. These are times to engage with the child in a back and forth exchanges and warm interactions. Look at the *Washington State Early Learning and Development Guidelines* and read about the daily routines that may support

the growth of self-concept, self-management and learning about learning.

Find some ideas to try to help infants and toddlers use their large muscles and fine motor skills by having appropriate materials during tummy time, crawling, and exploring in your **environment**. Follow the infant's cues and engage in an **interactive dance** of recognizing the need for a bottle, some food, a new environment, or sleep.

Delight in the vocalizations and sound imitations of the older infant. Know that when the older baby moves away from you to crawl to a toy, and looks back to be sure you are still there, it is your reassuring presence that allows him or her to explore the world like a little scientist. Sharing all of this amazing learning by recounting experiences with the family at the end of the day will support the foundation of security of the child with their family.



The following is a simple form that could help you take notes, become aware of changes over time, and then use the information to plan for more responsive interactions, more interesting environments, or improved routines for learning.

Weekly Individual Infant Plan	
Name:	
Recent observations of Interests: <i>Doing a lot of ....</i>	
Recent Developmental & Learning Changes: <i>Noticed changes in....</i>	
Social/Emotional:	
Language/Cognition:	
Motor:	
Environments (materials, toys...)  <i>Add or change...</i>	Opportunities for Responsive Interactions
Opportunities in Routines for Learning	Other Ideas ...I am wondering if....



## Safe, responsive and healthy practices for infants and toddlers

Because it seems like everything goes into an infant's mouth, and *moving and doing* is the toddler's objective, safety is a major consideration for your child care environment. The following licensing standards are designed to protect infants, toddlers and you while very young children are in your care. The following portion of this section discusses licensing standards for:

- **Active and awake infants**
- **Sleep**
- **Nutrition**
- **Diapering and toileting**

Please also go to Section Five for more information on general health, safety and nutrition.

### ACTIVE AND AWAKE INFANTS

#### Infant "tummy time" positioning (WAC [170-296A-7025](#))

When infants are awake you must allow them supervised "tummy time" at least three times a day. This position encourages infants to practice using their arms, backs, necks and heads to lift themselves up. Because babies spend time being transported in car seats and sleep on their backs to prevent SIDS, many babies who cannot yet roll over spend less time on their tummies, and the unintended consequences are that they are crawling and moving later.

Immobile babies usually do not like being on their tummies for very long. Begin with a few (1-3) minutes at a time. Increase tummy time to 5-10 minutes as the infant becomes more comfortable. Shorter, more frequent sessions of tummy time will give the infant lots of opportunities to increase strength. One way to encourage the baby is to lie on your stomach so that he can see your face while on his tummy. Faces are very motivating to infants!

### SANITIZING SURFACES

In the following topic sections on sleep, nutrition and diapering or toileting, the following information applies when cleaning surfaces are discussed:

- 1) If a bleach solution is used to sanitize, the solution must be three-quarters of a teaspoon of chlorine bleach to one quart of cool water.
- 2) If another sanitizer product is used, it must be used strictly according to manufacturer's label instructions including, but not limited to, quantity used, time the product must be left in place, and adequate time to allow the product to dry.

### SLEEP

#### Reduce risk of Sudden Infant Death Syndrome (SIDS) (WAC [170-296A-7100](#))

The Center for Disease Control (CDC) defines Sudden Infant Death Syndrome (SIDS) as "the sudden death of an infant under age one that cannot be explained after a thorough investigation has been conducted, including a complete autopsy, an examination of the death scene, and a review of the clinical history."<sup>19</sup>

Since 1994 the overall SIDS rates have declined by 50 percent since the Safe to Sleep campaign (formerly known as the Back to Sleep campaign) began (see [www.cdc.gov/sids](http://www.cdc.gov/sids)).

To reduce the risk of SIDS:

- Place an infant to sleep on his or her back. If the infant has turned over while sleeping, the infant does not need to be returned to his or her back.
- Place an infant in sleeping equipment that has a clean, firm, and snug-fitting mattress and a tight-fitting sheet.

<sup>19</sup> Center for Disease Control at [www.cdc.gov/sids/](http://www.cdc.gov/sids/)

- Do not allow soft fluffy bedding, stuffed toys, pillows, crib bumpers and similar items in the sleeping equipment, or allow a blanket to cover or drape over the sleeping equipment.
- Do not cover an infant's head and face during sleep.
- Do not allow an infant to get too warm during sleep. If a blanket is used, it must be lightweight and be placed no higher than the infant's chest with the infant's arms free.
- Do not place the infant in another sleeping position other than on his or her back, or use a sleep positioning device unless required by a written directive or medical order from the infant's health care provider. This directive or medical order must be in the infant's file.

### **Infant and toddler sleeping or napping equipment (WAC [170-296A-7075](#))**

1. Provide and use a single-level crib, toddler bed, playpen or other sleeping equipment for each infant or toddler in care that is safe and not subject to tipping. The equipment must be approved for infants or toddlers by the U.S. Consumer Product Safety Commission (CPSC) (see WAC [170-296A-7085](#) regarding approved cribs).
2. Use sleeping or napping equipment with clean, firm, and snug-fitting mattresses that do not have tears or holes or is repaired with tape. Mattresses should be covered with waterproof material that is easily cleaned and sanitized.
3. Arrange sleeping equipment to allow staff access to children.
4. Remove sleeping children from car seats, swings or similar equipment.
5. Consult with a child's parent or guardian before the child is transitioned from infant sleeping equipment to other approved sleeping equipment.
6. Children able to climb out of their sleeping equipment must be transitioned to an alternate sleeping surface.

### **Cribs (WAC [170-296A-7085](#))**

You need to be aware of and comply with these five important product safety items for cribs:

1. Effective December 28, 2012, each crib in use in licensed child care must meet U.S. Consumer Product Safety Commission (CPSC) requirements for full size cribs as defined in 16 Code of Federal Regulations (C.F.R.) 1219, or nonfull-size cribs,



2. A crib meets the requirements of this section if the crib is labeled by the manufacturer as made on or after June 28, 2011.
3. A crib labeled as made between July 1, 2010 and June 27, 2011 may meet the requirements of this section if the licensee has obtained a certificate of compliance from the crib manufacturer or importer, or the licensee has other documentation from the manufacturer that the crib is certified as meeting the CPSC regulations.
4. Any crib that does not meet the requirements of subsection (2) or (3) of this section must be removed from the child care facility no later than December 28, 2012.
5. The licensee must keep in the licensed space a log documenting that each crib in use meets the requirements of this WAC.

## REFLECT

**Ask parents and staff to evaluate your program and give you feedback. The following Washington FHCC providers offer you tips if you are new to the profession:**

*“Each year my child care improves by careful assessment and evaluation as to what is successful via the children’s progress. Continuing education is vital. I attend the Infant and Early Childhood Conference (<http://www.ieccwa.org>) yearly for three days. It takes care of my required continuing education hours and is a most professional and educational experience.”*

*“The child care profession is very pleasant and enjoyable....I figured out after my children grew up that I would involve myself with this profession and pass it to the next generation. My family helped me. There were no challenges as such but I was on my toes to keep everything in order so that the children could enjoy the program and the licenser was OK when they come for inspections. I advise all those that want to get into child care to be patient with their children (and themselves).”*

*“At first I was intimidated by child care parents but over the years I have learned to trust myself and not worry if (at first I was worried that) the parents did not think I was good enough...have faith in yourself!”*

## NUTRITION

### Infant bottles (WAC [170-296A-7125](#))

Make these licensing standards part of your process when using infant bottles:

- Use glass bottles or use plastic bottles labeled with “1,” “2,” “4,” or “5” on the bottle.
- A plastic bottle must not contain the chemical bisphenol-A (BPA) or phthalates.
- If heating a bottle, heat the bottle in warm water that is not more than 120 degrees Fahrenheit.
- Do not use a microwave oven to warm the contents of a bottle.

- Clean bottles and nipples before each use, with warm soapy water and a bottlebrush, or in a dishwasher.
- Keep bottle nipples covered if bottles are prepared ahead, and label the bottle with the date it was prepared.
- Do not allow infants to share bottles or infant cups.
- Have a method to identify the individual child’s bottle or cup.
- Keep the contents of a child’s bottle inaccessible to other children.
- Throw away milk, breast milk or formula if it has been sitting at room temperature for more than one hour.

### Breast milk (WAC [170-296A-7125](#))

When breast milk is provided for a child you must:

- Use it on the day received, refrigerate and label the breast milk container.
- Label the container with the child’s name/date the milk was brought to child care, if frozen.
- Store frozen breast milk at 10 degrees Fahrenheit or less.
- Keep frozen breast milk no more than two weeks.
- Use frozen breast milk within 24 hours after thawing.
- Thaw breast milk in the refrigerator, under warm running water, or in a container with warm water that is not more than 120 degrees Fahrenheit.
- Never thaw or heat breast milk in a microwave oven or on the stove.

### Bottle feeding infants (WAC [170-296A-7175](#))

When bottle feeding, you must:

- Test the bottle contents before feeding to avoid scalding or burning the infant’s mouth.
- Hold infants when the infant is unable to hold his or her bottle.

- Not prop bottles when feeding an infant.
- Not give a bottle or cup to an infant who is lying down.
- Feed infants on demand or based on the parent or guardian's recommended feeding schedule.
- Stop feeding the infant when he or she shows signs of fullness.
- Not add medication, cereal, supplements or sweeteners to the contents of the bottle unless prescribed by a health care provider.

When an infant can hold his or her own bottle, you must:

- Hold the infant or place the infant in a semi-reclining or upright position during bottle feeding.
- Be in the same room within visual range of the infant during feeding.
- Take the bottle from the infant when the child finishes feeding.

### **Feeding solid food to infants (WAC [170-296A-7200](#))**

You must consult with and have approval from an infant's parent or guardian before introducing solid food. When serving solid food to an infant you must:

- Hold or sit the infant in a semi-reclining or upright position.
- Not allow infants to share the same dish or utensil.
- Stir and test for safe temperature after heating food and before serving.
- Throw away any uneaten food from the serving container.
- Serve solid food by utensil or let the children feed themselves.
- Feed the infant when hungry unless the parent or guardian gives written instructions for an alternative feeding schedule, and stop feeding when the infant shows signs of fullness.

**Reflect:** What strategies do you use to learn parent preferences for feeding their children? How have you honored parent's requests for support for breast feeding? Do you know community resources that you can refer parents to if they are unsure about when to start solid food or make other nutritional changes?

### **High chairs (WAC [170-296A-7225](#))**

1. If you use high chairs, the chairs must:
  - Have a base that is wider than the seat.
  - Have a safety device that prevents the child from climbing or sliding down the chair.
  - Be free of cracks and tears.
  - Have a washable surface.
2. When a child is in a high chair, the chair's safety device must be used to secure the child.
3. You must clean and sanitize high chairs after each use.

### **Important note: Wheeled baby walkers prohibited in FHCC (WAC [170-296A-7000](#))**



## **DIAPERING AND TOILETING**

### **Diapering and toileting (WAC [170-296A-7250](#))**

1. You must provide a diaper changing area that is separate from any area where food is stored, prepared or served. The diaper changing area must:
  - Have a sink with hot and cold running water close to it. Diaper changing areas

should not be used for food preparation and clean up.

- Have a sturdy surface or mat that is:
  - Not torn or repaired with tape.
  - Easily cleanable.
  - Waterproof.
  - Large enough to prevent the area underneath from being contaminated with bodily fluids.
- 2. The diapering area must be cleaned and disinfected between each use.
- 3. A nonabsorbent, disposable covering that is discarded after each use may be used on the diaper changing mat.
- 4. The diaper changing surface must be free of all other items not used in diapering the child.

#### **Diaper disposal (WAC [170-296A-7275](#))**

1. The licensee must provide a container specifically for diaper and diapering supply disposal that is not used for other household trash. The diaper disposal container must:
  - Have a tight cover.
  - Be lined with a disposable plastic trash bag.
  - Be within arm's reach of the diaper changing area.
2. If disposable diapers are used, the diaper disposal container must be emptied to the outside garbage can or container daily.
3. If cloth diapers are used, the diapers must:
  - Not be rinsed.
  - Be kept in the diaper disposal container until picked up by the diaper service, or placed in a securely closed plastic bag and sent home with the child daily.
4. If soiled diapers are sent home they must be kept in a separate closed container used only for diapers and not placed with the child's other belongings.

#### **Diaper changing (WAC [170-296A-7300](#))**

1. You must check diapers at least every two hours and:
  - Change the diaper when necessary, or whenever the child indicates discomfort.
  - Attend to the child at all times when diapering her.
  - Not rinse soiled diapers or place soiled diapers directly into a diaper waste container.
2. Diapers used must be:
  - Disposable or cloth diapers supplied by a commercial diaper service or reusable cloth diapers supplied by the child's family.
3. When cloth diapers are used, a waterproof, washable barrier must be used between the diaper and the child's clothes.
4. You must wash your hands before and after diapering, and wash the child's hands immediately after diapering her. Baby wipes may be used to wash the child's hands.

Go to the Washington State Department of Health (DOH) and print out a diaper changing poster to post in your diapering area at <http://here.doh.wa.gov/materials/how-to-change-a-diaper>

#### **Toilet training (WAC [170-296A-7350](#))**

The licensee must discuss toilet training with the child's parent or guardian when a child is ready for training. The licensee or staff must use:

- Positive reinforcement.
- Culturally sensitive methods.
- Developmentally appropriate methods.
- A routine developed in agreement with the parent or guardian.

See "Child guidance" later in this section for a discussion of these ideas.



**Potty chairs or modified toilet seats (WAC [170-296A-7375](#))**

1. You must immediately after each use:
  - Empty the potty chair into the toilet.
  - Clean and disinfect the potty chair.
2. When potty chairs are used, the floor under the potty chairs must be made of a material that is moisture-resistant.
3. When a modified toilet seat is used, it must be cleaned and disinfected daily or more often when soiled.
4. If a sink or basin is used to clean a potty chair or modified toilet seat, the sink or basin must be cleaned and disinfected afterwards.

**Reflect:** What are ways to partner with families when they are potty training their child? If you want support in this area, do you know another FHCC provider who might mentor you in ways to sensitively talk to parents who may have unrealistic expectations about when their child will be potty trained? Do you have a Family Child Care Association meeting near you to discuss this or other pressing topics?



# Child Guidance and Discipline

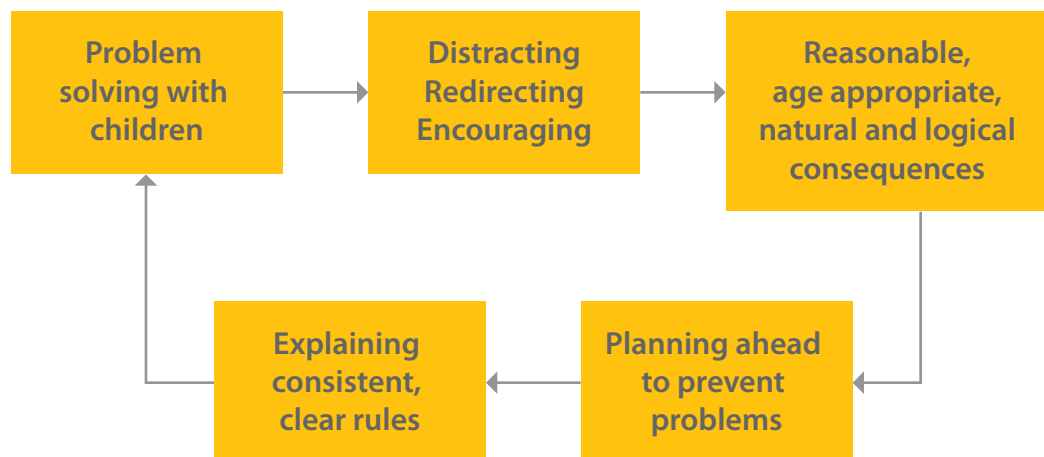
## (WAC 170-296A-6050)

While individual parents may choose various approaches to guide their children (as long as the practices are not abusive or neglectful), the FHCC provider must meet standards that are consistent, fair and involve positive guidance and discipline methods. These child care guidance approaches must fit the child's age or developmental level, abilities, culture and must be related to the child's behavior. Only the licensee or primary staff trained in the written and expected program guidance approaches may discipline a child in care. Volunteers or other adults visiting the program and those who are not familiar with program policies should never discipline a child. A **written child guidance and discipline policy** ([See page 3.71](#)) must include:



- Setting standards for guidance and discipline.
- Communicating to parents, guardians, and children in care what the policy is.
- Training staff and volunteers in the standards of guidance.
- Documenting and communicating to families any disciplinary actions by the licensee or staff that occur during child care hours.

**Positive options for guidance and discipline**  
(WAC [170-296A-6075](#)) may include any of the following:



The goal of positive guidance isn't punishment or humiliation, but to teach skills that allow children to interact with others, express strong emotions in nonviolent ways, solve problems, be considerate of the feelings of others, and to work cooperatively in groups.<sup>20</sup> This section provides you with many options for how to apply these ideas in child care.

It is also important to notice and stop behaviors that are not associated with children's healthy development. CLASS indicators for a negative child care climate and prohibited interactions outlined in WAC [170-296A-6025](#) for licensed FHCC providers are described in the following chart.

In the presence of children in care, do not do, or use, and do not allow others to:			
Use profanity	Use obscene language	Use 'put downs'	Use cultural or racial slurs
Have angry or hostile interactions	Use name calling	Make derogatory, shaming or humiliating remarks	Threaten to use physical harm
Use inappropriate discipline such as, but not limited to...	Spanking, biting, jerking, hitting, shaking, pulling hair	Pushing, shoving or throwing a child	Inflict pain or humiliation as a punishment
See: WAC <a href="#">170-296A-6025</a>			

In a child guidance approach, caregivers never threaten the child's sense of belonging in a FHCC community to encourage better behavior. Instead children are encouraged to express strong emotions in ways such as throwing a ball into a cardboard box when feeling angry. Slowly developing the skills to be a cooperative member of a group is a very long process but begins when the child feels they are an accepted and capable member of the community of children and families in a caring FHCC.

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<sup>20</sup> Gartrell, D. 2013.

## Strategies for putting child guidance ideas into practice

Guidance is teaching a child what to do instead of focusing on what not to do. Because children learn from their everyday experiences it is important that you respond to their behavior in respectful, developmentally appropriate and emotionally responsive ways.

Positive guidance builds upon the behind-the-scenes work of creating and modifying the environment (See environments section of this guide) to influence children's behavior. The following are

some guidance techniques that will be useful to you as you work with the children in your care. Also see the infant care section for ideas for promoting nurturance and positive routines for children in the first three years. For older toddlers through the early primary period, consider the following ideas.

### 1. CREATE A CARING AND ENCOURAGING COMMUNITY OF LEARNERS

Guiding children is also the process of promoting social and emotional development. Consider how you are creating a caring and encouraging community of learners by working to have a:

FHCC with a positive emotional and social climate that...	Example of caregiver talk
Is intentionally created	"We are kind to our friends, care for our materials ..."
Builds responsive relationships	"That must have hurt when you fell ..."
Emphasizes caring, respectful language and interactions	"Sam doesn't like to be touched on his head. You may ask him about his hair, but do not touch."
Values individually knowing and respecting children and their families. Strives for cultural relevance.	"We are doing it the way your family does it ..."
Provides relevant activities that fit the age, individual and specific needs of the child	"Yes, baby Tim will be splashing the water in his tub while you play with your toy boat in your water tub. When you were an infant here you did what Tim is doing now."
Affirms effort	"You did it!"

#### To do:

- Connect to children by helping them feel they belong. Put children's names and pictures on their tubs or spaces that hold their personal possessions. Display photos of their families and the special people in their lives.
- Help each child feel they belong by giving them jobs to do.
- Establish routines children can count on and annual events, traditions or celebrations that families enjoy.
- Give more "time in" than "time out." Spend time with every child and make children feel they are important to you and the other children in care.
- Listen with full attention to children. Notice and describe what they are doing.
- Avoid being distracted by other duties when you could be interacting with children. Remember that children can also be great

partners in routine household duties such as preparing snacks and cleaning up toys.<sup>21</sup>

## 2. POSITIVE CLIMATE, RESPONSIVE AND SENSITIVE CAREGIVERS FOSTER LEARNING

Children are more likely to be successful learners if FHCC links experiences from a child's home to their experiences in child care by promoting children's:

- Enthusiasm, interest and motivation to learn
- Engagement in an activity
- Ability to focus
- Persistence
- Flexibility
- Regulation of their thoughts, feelings, and behavior

### To do:

- Model what you hope children will do and say. Allow them to “catch” your positive and respectful attitude.
- Notice when children are kind and caring toward each other.
- Sometimes distracting to new activities or ignoring minor annoying behavior will make the behavior go away. Avoid lecturing, which may only reinforce behavior. Saying something like, “How many times have I told you that pounding on the table gives all of us a headache!” may only increase the unwanted behavior.
- Be consistent, and patiently repeat routines until they are automatic.
- Give specific encouragement to keep children engaged in a project (“I see you are using the blue paint and have been working a long time.”) rather than overusing vague praise

(“The picture is beautiful! You are so smart!”). Praise may sometimes stop a child from working because it serves to evaluate their work. Descriptive comments are supportive and can encourage persistence in a child.

## 3. OPPORTUNITIES TO PRACTICE SOCIAL SKILLS IN DRAMATIC PLAY

Opportunities to play and work together as a FHCC community during both free play or during other age appropriate experiences, allows children (by about age 2 1/2) to develop pretend play scenarios. In dramatic play there are often rules created, and children learn how to:

Dramatic play influencing social growth	Examples
Communicate feelings	Emotionally charged topics are acted out. Example: Teacher is the little brother, child is the Mom
Share their point of view non-violently	Puppets act out conflict between children
Make the day more fun	Time for dinosaurs to brush their teeth!
Teach or following other's leads	Teach the baby bear how to use the toilet

## 4. EMOTIONS

Caregivers support young children to grow in understanding and regulate their emotions when caregivers:

- Are predictable, responsive and accepting.
- Help children find words for feelings by talking, drawing, pretending.
- Talk about feelings, behaviors and their consequences.
- Protect children from harm.

<sup>21</sup> Kersey & Masterson, 2013.

**To do:**

- Get at a child's level and validate feelings. Saying something like the following helps to calm a child: "I know it is really frustrating when Sue takes your play dough but our rule is we can't hit others. Let's have you play at the table and Sue could play on the floor to keep your things separate for a while."
- Give limited choices with two acceptable outcomes such as, "Would you rather dry your hands with the blue or the pink towel?"
- Use grandma's rule: "When you pick up the toys, then we will go outside to play."

**Developmentally appropriate guidance<sup>22</sup>**

Children go through predictable stages of growth in certain sequences. Understanding these sequences is helpful in guiding children's behavior because it helps the caregiver to know what might be expected in each developmental stage. When developing appropriate guidance and discipline methods and strategies you should ask yourself:

- Is the guidance method appropriate for a child this age and level of development?
- Is the guidance method appropriate for this individual child (his temperament, etc.)?
- Have I discussed this method with the family to learn how my guidance choices fit into the social and cultural values and expectations of the family?
- Is this guidance choice allowed in licensed child care? (see: WAC [170-296A-6025](#))

All behaviors of children are purposeful and happen for a reason. However, sometimes children behave in ways that are destructive, inappropriate, or otherwise unacceptable. Caregivers need to respond to these behaviors positively and respectfully.

<sup>22</sup> The following child guidance considerations are adapted and updated from the State of Washington Child Care Center Licensing Guidebook (2006).

**Understanding children's mistaken behavior**

Children often have challenging or mistaken behavior when they are trying to figure out the rules and boundaries in a situation, are imitating the behavior of others, or when they are unable to cope because something serious is bothering them.

Dan Gartrell (2012) has summarized the work of Dreikurs and others, and suggests we will only understand children's mistaken behavior when we first observe and consider if children are:

***Experiencing strong and unmet social, health or intellectual needs***

- Does the child not feel well or is he/she hungry, sick or tired?
- Is the child feeling emotionally stressed? Is there a new baby in the house, did the child just move, was there a death in the family, are the parents arguing?
- Is the child bored or frustrated because the activities do not fit her age and level of development?
- Does the behavior not respond to any of the usual guidance techniques and require a caregiver to suggest to families to seek referral to other professionals for examination or screening?

***Wanting to please, imitate and be accepted by others***

- Is the child feeling discouraged, frustrated and want our attention?
- Is the child feeling rejected and does he/she need to be supported to gain social skills in order to be able to play successfully with peers?

***Experimenting and exploring behaviors to figure out the social rules in child care***

- Is the 5-year old swearing because she wants to find out why the swear word gets adults so upset?

- Is a child confused about expectations and routines and so does not come to lunch with the other children?

Another way to look at mistaken behavior is to examine four different needs: attention, power, revenge and avoidance of failure. If you understand these goals of mistaken behavior you can sometimes change your reaction to the behavior and in many cases can change the behavior of the child. The child is not deliberately acting in negative ways. The child is using unsuccessful methods of filling unmet needs. Following are four common needs behind challenging behaviors.

### **Attention**

Attention-getting is the most common type of misbehavior. The child may be feeling left out or ignored, and the goal is to get attention from the caregiver. A good example of this is the child who constantly interrupts and wants to talk to you while you are talking with someone else. Caregivers can identify attention-getting behavior by their own initial emotional response. Usually the caregiver feels irritated or annoyed. The best strategy is to ignore the misbehavior and to “catch” the child being good. An example might be that you are working with Maria who is trying to master tying her shoes. Eric is standing by you, interrupting you as you speak to Maria, and wants you to come read a story to him. You say, “Eric, I am helping Maria right now but I would love to come read a story with you. Would you like to read the story by yourself while you wait or would you like to play at the sensory table until I can read with you?” Once you are finished helping Maria, you go to Eric and tell him, “Thank you for being so patient while I was helping Maria. Let’s read that story!” This strategy allowed you to work with Maria, did not give Eric attention for his annoying behavior, and reinforced his positive, patient behavior.

### **Power**

Power is another common goal of misbehavior. The child is asking for more control over his or her own life. Usually you can identify this goal because you feel angry, frustrated, or fearful in response to the child’s actions. When a provider and child get in a power struggle, no one wins. An example of

a potential power struggle is when a child refuses to help at clean up time. A strategy to work with this child would be to give the child appropriate choices, such as: “Do you want to pick up the cars or the blocks?” or “Would you like to put away the markers by yourself, or would you like me to help you?”

Another potential power struggle is when a child refuses to come in after playing outside. A strategy would be to give this child the following choices: “Natalia, the children are getting ready to go inside. Would you like to go in now or would you like an extra two minutes to play?” or “Would you like to hold the door for everyone, or would you rather hold my hand as we go in?”

### **Revenge**

Revenge is another goal of misbehavior. You usually see this in a child who is already angry and feeling hurt. The goal of the child is to hurt back. You can identify revenge as the goal because you feel hurt and angry, too. This child needs lots of positive attention and choices. You should make a conscious effort to catch the child being good. Make sure to give the child choices when power struggles arise. Also, you need to work at establishing a positive relationship with this child. Once the child feels respected and accepted, receives praise for good behavior, and is allowed control over his or her life by being given choices, the behavior will gradually disappear.

### **Avoiding failure**

Avoiding failure may be the hardest behavior to change. The child feels inadequate and unable to achieve. You will recognize this behavior because you will feel at a loss as to what to do. This child has usually experienced many failures and has given up. A strategy to work with this child is to carefully plan esteem-building activities that allow the child to be successful and continue to build upon these experiences. Slowly the child will learn that she or he is capable and will gradually start taking on challenges by himself.



## 5) CONFLICT

Children have a great deal of learning to do in order to deal with conflict in daily life. We only have to look around at adults and know that this is a lifelong process. Important social and emotional development from about the toddler period through age eight and beyond includes:

- Understand feelings.
- Showing empathy for others.
- Impulse control.
- Problem solving.

### Be proactive

Try to prevent and proactively reduce conflict by thinking about how to apply these tried and true child guidance ideas in your FHCC.

### Setting limits

Setting rules and limits gives children safe boundaries in which to work and play. Limits and rules help prevent children from hurting themselves or others, and help prevent destruction of property. Limits and rules need to be age-appropriate and allow children more responsibility and freedom as they grow and mature.

Limits should be few in number, firm yet flexible, and maintained with consistency. Children feel safer and are able to experience a greater sense of independence and competency when they know what the limits are. Staff should discuss with children the reasons for the rules. They should involve the children in the process of deciding what rules are necessary for the group. Children will be more cooperative when they realize caregivers do not make up rules and change them whenever they want to. Rules can be as simple as:

- We keep ourselves safe.
- We keep each other safe.
- We keep our things safe.<sup>23</sup>

<sup>23</sup> Adams & Baronberg, 2005.

### State the positive

Positive guidance focuses on the positive or desired behavior. Staff should tell children what **to do** instead of what **not to do**. Words like “stop”, “no”, and “don’t” are good for an emergency, but do not give children the necessary information they need to make good choices. Examples of stating the positive are:

- **Say:** “Please walk.” **Rather than:** “Stop.”
- **Say:** “You need to eat your food to keep your body healthy.” **Rather than:** “Don’t play with your food.”
- **Say:** “Play dough stays on the table.” **Rather than:** “Don’t play with that over there.”
- **Say:** “We take turns talking at gathering time.” **Rather than:** “Be quiet.”

### Validate children’s feelings

When you give words to what a child is feeling, they feel understood and are able to let go of the strong emotion.

- “I know it is hard to wait for a turn, but it is Maya’s turn now. Your turn is next.”
- “You must have been very upset. Use your words to tell Jerome, not your fists.”

### State the rules and give reasons for the limits

Children are more cooperative when they understand the reason behind a rule. Often, they will repeat the positive behavior in the future because of this understanding.

- “Use a quiet voice in the hall, Ana, so you don’t wake up the babies.”
- “Cameron, please hang your coat up so that it won’t get walked on or lost.”

## **Model the behavior you want from the children**

Children learn by watching others. Show them what to do along with an explanation.

- “We wash our hands like this and then we dry them and put the paper towel here in the garbage can.”
- “I don’t know if I like this vegetable or not. I will put a little bit on my plate and try it. Then if I like it I can have more.”
- “Oops, I forgot to throw my gum out when I entered the room this morning. I’d better do it now.”

## **Reinforce appropriate behavior**

Behaviors that are followed by positive reinforcement are likely to be strengthened and repeated. Appropriate ways to reinforce behavior include a smile, a wink, a pat on the back, a hug, praise, or encouragement.

## **Ignore minor inappropriate behavior**

Sometimes children receive more attention from adults for misbehavior than for good behavior. Your job is to catch the child being good and use positive attention to reinforce the desired behavior. While you cannot ignore unsafe or hurtful actions, you can ignore those that are annoying and can be safely overlooked. By ignoring these behaviors and rewarding the positive behaviors, children will eventually continue to repeat positive behaviors and the annoying ones will disappear.

## **Give choices**

- “Can you decide which books you’re going to look at all by yourself or should I help you? (No response.) Would you like this book or this one? (No response.) I see you’ll need some help this time. Take this book to your table.”
- Once children get used to choices, they usually want to make their own choices without protest. Remember to give only choices that you are comfortable allowing children to

make. They can then choose which option they prefer.

## **Redirect**

- Give children alternatives to their current behavior and help them make appropriate choices.
- “James is sitting there. You need to pick another place to sit.”
- “Michi, you have so much energy, but running is for outside. No one is at the water table right now; let’s play over there.”
- “I’m sorry there is no more room at the art table right now. You need to pick something else to do until there is a place for you.”

## **“I” messages**

- Using “I” messages is a common tool used to tell others how you think or feel without laying blame on them. Most commonly “I” messages use the following format: “When\_\_\_\_\_, I feel\_\_\_\_\_ because\_\_\_\_\_” The “when” portion must state specifically what the upsetting behavior is without blaming the child. The “I feel” portion lets the child know your feelings about the behavior or the impact of the behavior on you. The “because” portion states the effect of the behavior on you. They do not have to be used in the same order or wording. Here are some examples:
- “When you stand on the chair I am afraid you will fall and get hurt.”
- “When it is noisy during circle time I am frustrated because I can’t talk loud enough for everyone to hear.”
- “When you fill the glass too full I worry that it will spill.”
- “I” messages are a respectful way of telling children what the problem is and allows them to come up with solutions to the problems. It allows them to self-regulate their behavior and to make better choices. When consistently modeled, the children eventually will be able to use “I” messages themselves.

When children are given choices they are more likely to cooperate. Offering choices also promotes independence and gives the children some control over their own behavior.

- “I can see that you are not through playing yet, Sadie. Would you like to put that over here and finish it after lunch, or would you like two more minutes before washing up and coming to the lunch table?”
- “Mikhail has the red marker now. Would you like the green one or the blue one to use until he is finished with his?”

Sometimes children refuse to choose among the options available to them and you need to make the choice for them. Spending a lot of time with a child who refuses to cooperate focuses attention on negative behaviors. An example of how to bring a situation rapidly to a close is: “It looks like you can’t decide whether you’re going to put your shoes on or not. Why don’t you sit here and I will help you this time?”

### Using natural and logical consequences

- **Natural consequences** come about as a natural result of the child’s behavior. For example, when a child spills his milk, use a matter-of-fact and calm voice.
- **Say:** “Oh, the milk spilled, let’s get a towel and you can wipe it up.” **Rather than,** “Now you are not going to get any more milk until you can learn how not to spill it. I have to clean it up now.”
- **Logical consequences** must be related, respectful, reasonable, and based on appropriate expectations for that child. A common example is ‘clean up time.’
- **Say:** “Yes, I know how much you enjoy art time. I’m sorry you’re cleaning up the blocks while the others are starting on their projects. It takes time to get the items you played with back where they belong. As soon as the blocks are on the shelf, you can join the art activity.” **Rather than:** “You threw the blocks all over the room, and now you need to sit in time-out while we do an art project.”

### Use your presence to calm a child

- Gently put your hand on a child’s arm to suggest slowing down.
- Ask a child to hold your hand during a transition or when moving from one area of the building to another.
- Place your hand on a child’s shoulder to keep the child from hitting someone or throwing something.

### Tantrums

- Individual children cope with stress in a variety of ways. In some cases, children may lose control of their bodies for a short period of time. In young children, this can result in what is commonly called a temper tantrum. It is the job of the caregiver to understand what the child needs and to help the child regain self-control.

Some children will come up and nestle into your arms. Your calmness will help them to regulate their own bodies. Other children do not want to be touched. They may not even want you to talk to them. At these times you should sit by the child and use your body to separate the child from the rest of the group. It is important for you to remain calm. Explain to the other children that the child is having a hard time and that you need to stay close to help him/her. Then, redirect the other children back to their play. Tell the child you are with, “I know you are feeling really angry right now. When you are calm you can tell me about it if you like.”

- **Say:** “I see you two are having difficulty deciding who can use the computer first. When you have both agreed on a solution let me know and I will turn it on for you.” **Rather than:** “Neither of you can use the computer today because you were fighting over it.”
- Appropriate consequences are not to be used as punishment. They are to help children experience the results of their behavior, so that they may make better choices in the future.

## Physical touch

- There is a range of physical touch that can be used to help guide a child throughout the day. Sometimes a hug or a pat on the back or shoulder is all a child needs in order to feel safe and secure. Infants need holding, cuddling, and rocking to calm and soothe them. Many children like to be rocked or to have their backs rubbed during rest time. This kind of human touch conveys nurturing and support.

## Caution about using rewards and stickers

Behavior modification techniques are tempting to use because they are so effective when used correctly, at least initially. Children will work for the physical evidence of their good or poor behavior. But, behavior modification techniques do not emphasize the social and interpersonal reasons for cooperating. Better ways of encouraging cooperative behavior are to make it a game such as, “Who can pick up all of the red ones?” or offer choices such as, “Do you want to pick up the blocks or put away the books?” Overuse of rewards and stickers sometimes causes children to cooperate only if they are paid. Children should not be paid for doing things that should be naturally expected of them.

## Time in instead of time out

Often time out can be avoided if caregivers are alert and attentive to children’s emotional states and needs. Caregivers should observe and look for signs that a child is having difficulty or becoming upset. Sometimes a group environment can be overwhelming. When you see this occurring, you can go and ask if the child would like to do something with you. “I need a helper, can you help me...” or “Would you like to read a story with me?” The objective is to give the child some positive one-on-one attention so that he/she can quiet down and relax before re-entering the group. Sometimes a child may need to stay by you for safety and support for long periods of time, perhaps throughout the entire day.

## Challenging behaviors

### ***Removing children from the group: proper use of time out***

Time out is an intervention method for responding to extreme behavior. Many child development specialists discourage its use entirely and some programs do not allow it because it is often used incorrectly or used too often. For some children who have very sensitive temperaments or who have experienced neglect, it may never be the right choice because these children may experience trauma when in time out and receive no guidance messages. Your guidance choices should always take into account the child’s developmental level and ability to understand the consequences of his or her actions.

Time out should only be used sparingly for short periods of time in order to allow a child space and time to gain self-control and change his or her behavior. It should not be used as a punishment. Children are learning self-control and it takes practice. It should be a quiet, neutral break to allow children to regain self-control.

### ***Separating a child From the group*** ***(WAC [170-296A-6100](#))***

Time out is never appropriate for infants or toddlers. It is appropriate only after children have some sense of how to help themselves and are able to understand you are still available to them (36 months or older). The length of time should be only as long as it takes for the child to regain control. Keep time out brief (a rule of thumb is that it not last longer than one minute per year of a child’s life up to five minutes). A child separated from the group must remain under the direct supervision of the licensee or primary staff person.

Having a child sit down for a while is NOT a substitute for problem-solving. It is essential that you return to children **after** they have regained self-control and discuss the problem. Help children figure out what they can do differently next time. Stay flexible. Do not get into a power struggle or try to get a child to listen to what you have to say. If the child appears unwilling to discuss the problem, accept that. If the child has regained self-control,

let him/her re-enter the group. Later in the day, make sure you get back to the child to problem solve the situation.

**Prohibited time-out choices**  
(WAC [170-296A-6100](#))

FHCC licensing standards prohibit separating a child from the group and

- Placing him or her in a closet, a bathroom, a locked room, outside or in unlicensed space.
- Using high chairs, car seats and other confining space or equipment for the purpose of punishment or restricting a child's movements.

**Prohibited actions** (WAC [170-296A-6150](#))

The licensee or staff must not, or allow others to:

- Restrict a child's breathing.
- Deprive a child of sleep, food, clothing, shelter, physical activity, first aid if required, or emergency medical or dental care.
- Interfere with a child's ability to take care of his or her own hygiene and toileting needs.
- Withhold hygiene care, toileting care or diaper changing to any child unable to provide such care for him or herself.

**Physical restraint** (WAC [170-296A-6175](#) and WAC [170-296A-6225](#))

Restraining a child may result in a caregiver inadvertently hurting the child in the process. A better choice is to first try other positive guidance methods to deescalate a situation. If these choices do not calm a child, remove other children from the vicinity of the child who is having a tantrum or who is otherwise out of control. Mental health professionals receive specific training in the proper use of restraint. Child care providers usually do not have this training and should avoid its use if possible. However, when a child's behavior makes restraint necessary for his or her own or another's protection, the licensee or primary staff person may restrain the child by holding the child as gently as

possible. A child must not be physically restrained longer than necessary to control the situation.

**Prohibited uses of restraint**  
(WAC [170-296A-6200](#))

Specifically FHCC providers must not use:

- Physical restraint as a form of punishment or discipline.
- Mechanical restraints including, but not limited to, handcuffs and belt restraints.
- Locked time-out or isolation space.
- Bonds, ties, tape, or straps to restrain a child.
- Physical restraint techniques that restrict breathing or inflict pain. These include, but are not limited to:
  - Restriction of body movement by placing pressure on joints, chest, heart or vital organs.
  - Sleeper holds, which are holds used by law enforcement officers to subdue a person.
  - Arm twisting, hair pulling, choking or putting arms around the throat.
  - Chemical restraint such as mace or pepper spray.

**Document uses of physical restraint**  
(WAC [170-296A-6250](#))

If physical restraint is used, document and report the incident to the child's parent or guardian and DEL within 24 hours. To determine if using physical restraint was the only or best choice, seek permission from the family to obtain more information from other resources already familiar with the child (for example: the family doctor or Individual Educational Plan developed by a public school). The behavior guidance sheet in this section may be used to support the documentation and analysis of what happened before, during and after the child was restrained. Share your documented facts of the restraint, and any information learned from the family, and work with your licensor to have a safety plan in place.

## **Harmful or aggressive acts of children (WAC [170-296A-6125](#))**

The licensee and staff must:

- Take steps to protect children from the harmful acts of other children.
- Immediately intervene when a child becomes physically aggressive.

As noted previously, that still means that physical restraint should be avoided if possible.

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### **When referral to early intervention professionals is needed**

Some children may not respond to the guidance approaches described in this section of the FHCC Guide. Some children's challenging behavior may result from living with high unmet needs requiring a caregiver to call Children's Administration Intake to report suspected abuse or neglect (1-866-363-4276). In other cases a child may have or be at risk for an emotional or behavioral disability. Learning about local resources and sharing them with a parent is a delicate conversation. Seek support from your local Child Care Aware agency, local Family Resource Coordinators, school districts and other agencies to learn how to support a family to have their child screened and possibly assessed.

Families who obtain special services for their child will be involved in the interventions. As a partner with the family, you too may seek to join an interdisciplinary team meeting to understand your role in the interventions planned by a medical, school or other professional resource.

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### **Abuse and neglect protection and training (WAC [170-296A-6275](#))**

The licensee and staff must protect the children in their care from all forms of abuse or neglect as defined in RCW 26.44.020, and report suspected or actual abuse or neglect as required under RCW

26.44.030 to DSHS children's administration intake (child protective services) or law enforcement.

Training for staff, volunteers and household members on prevention of child abuse and neglect is required. Go to [www.dshs.wa.gov/ca/safety/abuseReq.asp?2](http://www.dshs.wa.gov/ca/safety/abuseReq.asp?2) at the Department of Social and Health Services – Children's Administration website to find an online video and other helpful resources for understanding child abuse and neglect prevention and reporting.

The DSHS resources and online video will support you and any staff in your family home child care to understand the signs of child abuse and neglect and to learn about your reporting requirements. These resources will help you to understand the importance of taking children seriously when they have the courage to tell you about abuse or neglect.

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Remember, as a child care professional, you are a mandatory reporter of child abuse and neglect. This means when you suspect or know of incidents of child abuse or neglect, you must contact your local CPS office or your local law enforcement agency.

You may also contact **1.866.EndHarm (1.866.363.4276)**. This toll-free, statewide number is available 24 hours a day. Hearing impaired inquiries may be directed to: **TDD: 360.902.7906 (weekdays from 8:00 a.m. to 5:00 p.m.)**.

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## Sample behavior management and guidance policy

Write your own guidance policy that fits WAC guidelines for FHCC. Here is a sample that may provide portions for use in your guidance policy.

### Our rules are few but we consistently remind children that:

- We do not hurt ourselves, other people or destroy our materials. This includes not hurting others' bodies or using harsh words.
- We believe in developmentally appropriate guidance.
- We strive to create an encouraging and caring environment.
- When conflicts occur we see them as opportunities to teach social skills after children are calm.
- We observe and conference with families to try to understand the reasons for a child's behavior.
- We work to calm children, and after a child is calm we use individual problem solving strategies. For older children, group meetings are used to review guidelines and problem solve.

### In addition our program uses indirect guidance techniques:

- We give advanced notice: "You have five more minutes to play before it's time to clean up."
- We give choices: "You may paint with the other children or you may read a book in the quiet corner."
- We have a regular routine: "We always wash our hands before lunch. After lunch is story time."
- We avoid yelling and repeating requests many times. We tell the child what we expect, follow it by asking if the child remembers what we asked, and then offer to help the child do what was asked.
- We are consistent: We do things the same way each day so the children know what to expect and learn to trust and feel safe in their environment.

### We also use direct guidance techniques:

- We use positive statements: "We use walking feet indoors" rather than "Don't run!" or "Use your words to tell us you're angry" rather than "Don't hit!"
- We get the child's attention by crouching down to his/her level, making eye contact, speaking quietly and asking the child to repeat the directions.
- We try very hard to be fair. We examine our expectations to make sure they are age appropriate, and we don't make rules just because an activity is too noisy or messy.
- We avoid arguments by following through with solutions that address the problem, but also offer the child a way to exit gracefully from the problem: "You can choose a quiet place to calm down or I can choose one for you."

Time out occurs rarely, only when other measures fail, and is used as an opportunity for the child to regain self-control, not as a punishment.

By law, and by program philosophy and policy, the following forms of discipline are forbidden: hitting, spanking, shaking, scolding, shaming, isolating, labeling ("bad," "naughty," etc.), or any other negative reaction to the child's behavior. All forms of corporal (physical) punishment are strictly forbidden.

Some negative behavior is best ignored, since its goal is often to get attention. This technique can be used for some of the annoying things children do, but would not be used with unsafe or hurtful behavior.

If a child is unable to gain control and requires more individual attention than can be given within child-to-staff ratios, we will contact the parent. A child requiring one-to-one attention may have to leave the program temporarily for safety's sake until a parent is able to seek professional evaluation and guidance for an individualized plan through local resources or a family physician.

**Document and problem-solve:** The following is a suggested child guidance worksheet. You may choose to simply document what you and the parent share about a challenging behavior and what strategies you have both agree to try. You might use some or all of these prompts to remind yourself of what to discuss in a parent conference about challenging or confusing behavior.

Individual behavior guidance plan worksheet	
Child's name:	Date:
1. Child's strengths (what the child does well):	
2. Behavior observed (what, where, how long, who was near):	
<p>a) This is what we have noticed tends to happen or are the conditions just BEFORE this behavior (for example: seems hungry, room is noisier, peers playing, request from caregiver to pick up toys, etc.):</p> <p>b) This is what we have noticed tends to happen just AFTER this behavior (what caregivers do – redirect, remove object, stop dangerous activity, etc. and what children do):</p>	
3. Additional information. (Note if discussion has occurred with parent, child, caregivers, other resources). Information gained (for example - has the child been ill, experienced anything new, different or stressful recently?):	
4. What is the desired behavior for the child from the caregiver and parent point of view?	
<p>5. What strategies and plan of action should be tried? For example:</p> <ul style="list-style-type: none"> <li>• Changes to the environment or schedule to modify the behavior</li> <li>• Positive communication to reinforce positive behavior</li> <li>• Communication to acknowledge the child's feelings</li> <li>• Appropriate choices for the child</li> <li>• Appropriate consequences</li> <li>• Referral to professional resources</li> <li>• Other strategies to try:</li> </ul>	
6. Caregivers will:	

7. Parents will:

8. Start date of plan:

9. Follow-up time to meet:

Summary of results or changes in behavior since last meeting:

**RESOURCES:** First we consult with the child's family. If appropriate, we may seek permission from the family to consult with their preferred medical provider or other community resources to learn what our role might be in an individualized plan for a child.

## REFLECT

Practice completing an individual guidance plan with another FHCC provider, or simply have a conversation with an experienced early childhood professional who can help you rehearse how you might discuss a child's challenging behavior with his/her family. Consider finding a mentor, take a class, or join a group of providers to discuss any questions you have about child guidance practices.

## RESOURCES<sup>24</sup>

### Child Development

Day, M. & Parlakian, M. (2003). How culture shapes social-emotional development: Implications for practice in infant-family programs. Washington, DC: Zero to Three.

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[www.youtube.com/watch?v=o9onx5kbkVM](http://www.youtube.com/watch?v=o9onx5kbkVM)

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### **Inclusive Care and Education for Children with Special Needs – Web Links**

**Building Inclusive Child Care: Universal Design for Learning**  
[www.northampton.edu/Early-Childhood-Education/Partnerships/Building-Inclusive-Child-Care.htm](http://www.northampton.edu/Early-Childhood-Education/Partnerships/Building-Inclusive-Child-Care.htm) (From this main web page find the video web link).

**Inclusion in Least Restrictive Environments**  
[www.nectac.org/inclusion/Default.asp](http://www.nectac.org/inclusion/Default.asp)

**Inclusion Matters podcast series**  
[www.inclusivechildcare.org/podcast.cfm#10](http://www.inclusivechildcare.org/podcast.cfm#10)

**A Thinking Guide to Inclusive Childcare**  
[www.disabilityrightswi.org/wp-content/uploads/2008/02/thinking-guide-to-inclusive-child-care.pdf](http://www.disabilityrightswi.org/wp-content/uploads/2008/02/thinking-guide-to-inclusive-child-care.pdf)

### **Language and literacy, inclusion and dual language web links**

**Aurelius Reading at Naptime**  
[www.cde.state.co.us/resultsmatter/RMVideoSeries\\_UsingTechnology.htm#top](http://www.cde.state.co.us/resultsmatter/RMVideoSeries_UsingTechnology.htm#top)

**Books, Nooks, & Literacy Hooks**  
[www.earlyliteracylearning.org/books\\_nooks\\_literacy\\_hooks.php](http://www.earlyliteracylearning.org/books_nooks_literacy_hooks.php)

**Get in Step with Responsive Teaching**  
[www.earlyliteracylearning.org/get\\_in\\_step\\_with\\_resp\\_teach.php](http://www.earlyliteracylearning.org/get_in_step_with_resp_teach.php)

**Interests Lead to Learning**  
[www.earlyliteracylearning.org/interests\\_lead\\_to\\_learn.php](http://www.earlyliteracylearning.org/interests_lead_to_learn.php)

**Making Room for Literacy**  
[www.earlyliteracylearning.org/make\\_room\\_for\\_lit.php](http://www.earlyliteracylearning.org/make_room_for_lit.php)

**Reading Rockets: videos and podcasts**  
[www.readingrockets.org/podcasts](http://www.readingrockets.org/podcasts)

**Adapting literacy learning practices for young children with disabilities**  
[eclkc.ohs.acf.hhs.gov/hslc/ecdh/Disabilities/Services%20to%20Children%20with%20Disabilities/Individualization/AdaptingLiteracy.htm](http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Disabilities/Services%20to%20Children%20with%20Disabilities/Individualization/AdaptingLiteracy.htm)

**Center for Early Literacy Learning (CELL)**  
[www.earlyliteracylearning.org](http://www.earlyliteracylearning.org)

**The cognitive consequences of early bilingualism**  
[www.zerotothree.org/site/DocServer/29-2\\_Yoshida.pdf?docID=6821](http://www.zerotothree.org/site/DocServer/29-2_Yoshida.pdf?docID=6821)

**¡Colorín Colorado!**[www.colorincolorado.org](http://www.colorincolorado.org)**CONNECT Module 6: Dialogic Reading Practices**[community.fpg.unc.edu/connect-modules/learners/module-6](http://community.fpg.unc.edu/connect-modules/learners/module-6)**Literacy instruction for individuals with autism, cerebral palsy, Down syndrome and other disabilities**<http://aacliteracy.psu.edu>**Supporting Parent and Caregiver Involvement in Early Literacy Practices with Young Children from Diverse Backgrounds and Abilities (PowerPoints and handouts in English and Spanish)**[depts.washington.edu/hscenter/family-literacy-1](http://depts.washington.edu/hscenter/family-literacy-1)**Supporting Early Literacy in Natural Environments (English and Spanish)**[www.walearning.com/resources/preschool](http://www.walearning.com/resources/preschool)**Nurturing and effective practices web links****Illinois Early Learning**[illinoisearlylearning.org/videos/index.htm](http://illinoisearlylearning.org/videos/index.htm)

A free online source of video clips showing engaging curriculum projects and teacher or caregiver-child interactions.

**Teachstone**[www.teachstone.org](http://www.teachstone.org)

Information and a subscription video service with clips of effective interactions between teachers of toddlers, preschoolers and school age children. Used to support understanding of the CLASS. - *The Classroom Assessment Scoring System* used in Early Achievers and other QRIS projects around the US.

**Videatives**

A subscription service of early learning video scenes to inspire creative planning for your program at [www.videatives.com](http://www.videatives.com). Founded by George Forman, in 2003, professor emeritus of University of Massachusetts, Amherst, MA.

**Physical health and wellness web links****American Association for Physical Activity and Recreation**[www.aahperd.org/headstartbodystart](http://www.aahperd.org/headstartbodystart)**Get Moving Today Activity Calendar**[www.aahperd.org/headstartbodystart/activityresources/activityCalendar/upload/Cal\\_eng.pdf](http://www.aahperd.org/headstartbodystart/activityresources/activityCalendar/upload/Cal_eng.pdf)**I Am Moving, I Am Learning**<http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Nutrition/Nutrition%20Program%20Staff/IMIL/IamMovingIam.htm>**Understanding observation and assessment resources web links****The ABCs of IEPs**[eclkc.ohs.acf.hhs.gov/hslc/resources/cinema/iep%20Video%20clips/TheABCofIEP.htm](http://eclkc.ohs.acf.hhs.gov/hslc/resources/cinema/iep%20Video%20clips/TheABCofIEP.htm)**Authentic Assessment in Early Intervention**[www.cde.state.co.us/media/ResultsMatter/RMSeries/AuthenticAssessInEI\\_SA.asp](http://www.cde.state.co.us/media/ResultsMatter/RMSeries/AuthenticAssessInEI_SA.asp)**Clips for Practicing Observation, Documentation and Assessment Skills**[www.cde.state.co.us/resultsmatter/RMVideoSeries.htm#01](http://www.cde.state.co.us/resultsmatter/RMVideoSeries.htm#01)

Search under “video categories” in site.

**Documentation as a Habit**[www.cde.state.co.us/media/resultsmatter/RMSeries/DocumentationAsAHabit\\_SA.asp](http://www.cde.state.co.us/media/resultsmatter/RMSeries/DocumentationAsAHabit_SA.asp)**Linking Documentation and Curriculum**[www.cde.state.co.us/media/resultsmatter/RMSeries/LinkingDocumentationAndCurriculum\\_SA.asp](http://www.cde.state.co.us/media/resultsmatter/RMSeries/LinkingDocumentationAndCurriculum_SA.asp)**Screening and assessment of young English language learners**[www.naeyc.org/files/naeyc/file/positions/WWSEnglishLanguageLearnersWeb.pdf](http://www.naeyc.org/files/naeyc/file/positions/WWSEnglishLanguageLearnersWeb.pdf)

### Using Documentation at Emerald Preschool

[www.cde.state.co.us/media/resultsmatter/RMSeries/UsingDocumentationAtEmeraldPreschool\\_SA.asp](http://www.cde.state.co.us/media/resultsmatter/RMSeries/UsingDocumentationAtEmeraldPreschool_SA.asp)

### Using Video for REALLY Watching

[www.cde.state.co.us/resultsmatter/RMVideoSeries\\_EarlyIntervention.htm#top](http://www.cde.state.co.us/resultsmatter/RMVideoSeries_EarlyIntervention.htm#top)

### Watching Video Documentation with Children

[www.cde.state.co.us/media/resultsmatter/RMSeries/WatchingVideoDocumentationWithChildren\\_SA.asp](http://www.cde.state.co.us/media/resultsmatter/RMSeries/WatchingVideoDocumentationWithChildren_SA.asp)

### What is Authentic Assessment?

[www.cde.state.co.us/resultsmatter/RMVideoSeries\\_GeneralInterest.htm#top](http://www.cde.state.co.us/resultsmatter/RMVideoSeries_GeneralInterest.htm#top)

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## 4. ENVIRONMENTS

In this section you will learn about:

- Indoor Environment
- Arrangement of Indoor Spaces
- Supplies, Materials and Equipment
- Environmental Health and Safety
- Exits
- Pets and Animals
- Special Situations and Hazards
- Outdoor Environments
- Outdoor Water Activities and Safety

During Washington's first negotiated rule-making process (January 2007 - December 2009), participants identified the intent of indoor and outdoor FHCC licensing standards for environments as:

*Children have a right to a safe and healthy environment and environments should allow for reasonable risk, with standards to create safe and healthy environments that support cognitive, social-emotional and physical development where children can play, learn, explore and discover!*



# Indoor Environment

## Home and child care spaces

Planning for family child care spaces in your home works best when your family feels their rights to private spaces are protected and that their needs are addressed. In some cases, most often for teenagers and adults, it may also mean that members of your household are part of your FHCC business. Experienced FHCC providers recommend that all of your household members know they still have:

- Their own private, protected spaces and possessions that will never be used for child care.
- Some spaces that will be multiuse zones, such as the living and dining rooms.
- Some areas, equipment or materials that might be used only for child care purposes.

**Reflect:** Striving for balance between child care work and home life is cited by many FHCC providers as key to gaining the support of their household members. Have a conversation with the older children and adults in your home and listen to their concerns about sharing space. Then reach an agreement about how to address those concerns. Write down how and when materials, spaces and time will be reserved for the family, and separated from the child care program and business. Consider revisiting these agreements from time to time. For example:



Home Agreements	Child Care Agreements
<p>Tim, age 10, shares he is worried a child might break his new Lego castle.</p> <p><b>An agreement is written:</b> Bedroom doors will be closed during child care hours and enrolled children will never be allowed in them. Toys and other items in the bedrooms will not be used by the children in the FHCC.</p>	<p>Mary Cafferty, FHCC provider (a.k.a. – “Mom”) is worried the food she buys for her program might be eaten on the weekend by her son and his soccer team friends.</p> <p><b>An agreement is written:</b> Child care snack food will be stored in a separate cupboard and will never be eaten by family members.</p>

**Remember:** Changing space usage in your home must be approved by DEL. This includes changes from licensed to unlicensed space or from unlicensed to licensed space.





# Arrangement of Indoor Spaces

As you design your environment, consider a typical daily schedule and walk around your home, imagining what it is like to be a parent or a child experiencing your FHCC environment. Remember as you do this that the design of a space influences how people behave and feel while they are in it. Smells, sights, sounds, temperatures, and textures send messages to everyone who enters. What messages does your FHCC send?

## **Greet families with a well maintained home**

**exterior:** Go outside and look at the front of your home. What is the first thing families will see? Just as employers make snap decisions about job applicants by looking at their neat or sloppy appearance, so too, families will consider the overall feeling of a home that seems cared for and maintained or one that appears to be in disrepair. Are families able to safely park their cars and walk to your door without encountering hazards or challenges for young children to navigate? Are the plants a child passes safe or toxic?



**Entrance areas that are organized and welcoming:** Is the entryway welcoming with a sign in/out spot and information area? Is there a place for each child to store belongings? Is it organized and not full of clutter? Avoid stacking items at the entry that you want to remember to give to families at drop-off or pick-up times. Instead, put notices, messages, children's art or other items neatly in individual tubs or cubbies located near the entryway. Providing separate storage for each child's belongings is required (WAC [170-296A-4750](#)). However, belongings of children from the same family may be stored together.

**Overall view of home:** What impressions do families receive as they bring their children into the heart of the child care space? Does the space feel organized and clean, with inviting sounds, smells and interesting colors and textures? Remember, families who choose FHCC like the homey feeling of care in this setting.

**Pathways to learning zones and play areas that are ready for children:** How do children move from the entrance to play areas?

Are there places that tend to be congested or that feel like you are on an interstate highway at rush hour? Do children immediately ask you for favorite materials? Or are they able to enter and independently go to a shelf or reliable spot to find interesting materials? Are non-mobile young children able to find materials ready for them to explore or do they have to wait for your help?

**Activity zones:** Is the size of the multiuse learning zones (art, books, blocks, etc.) just right for the number of children, or too cramped or too wide open? Which spaces are used least? Which areas are used most? Observe and take brief notes on environment use patterns.

**Check where children travel:** One provider used removable sticky dots and put them on furniture near where children traveled in the first 15 minutes of each day. The clusters of sticky dots after one week showed her the children's use patterns. She realized some areas were too crowded and others were underused. This inspired her to make changes that resulted in greater use of areas that previously had been avoided by the children.

**Meet the needs of different ages and development:** Infants want objects they can taste and feel, push and pull, grab and carefully pick up. Toddlers are looking for places to move in and out of, containers to fill and dump, and ways to use their large muscles even when drawing. Preschoolers are especially interested in increasingly complex dramatic play opportunities. School age children may need a clear table for homework, places for eating snacks, and a wonderful yard for releasing energy after a long day at elementary school. All of the children need safe, soft and relaxing spaces for looking at books, talking to caregivers, and sharing with their child care friends.

**Gathering times for the whole group:** Do you have a space large enough for everyone to gather to read books, sing, dance, and share what has happened since you saw each other last? Friendships, even with infants, are fostered by the way your environment supports the daily gathering rituals and rhythms.

**Food zones:** Is there space for everyone to gather for snacks and meals? Do the table and floor

surfaces allow them to be cleaned and sanitized between uses? Does the space feel welcoming, relaxed and supportive of talk, eating and sharing? Is the snack area able to be individualized for a child's age or nutrition-related needs?

**Soft or quiet zones:** Are there spaces for one or two children to observe others, relax, or be near active areas without having to actively participate? How do light, air, color and texture set a quieter or more relaxed tone? Which areas seem to calm children and allow them to focus on an interest or activity? These areas may be large or very small spaces that are protected from traffic patterns and loud or busy activities.

**Outdoor areas:** Does your outdoor area encourage you to get outside every day (unless the weather is severe), or do you dread the management and risk it presents? Have you considered developing a more natural play area by connecting children with natural elements that are rich with possibilities for smelling, touching, and hearing the movement of trees, gardens, grass, and more? Have you thought of, for example, creating a gentle hill for running up and down? Toddlers through school-age children delight in differences in landscapes. Do you have pathways for trikes or baskets to gather natural items such as fir cones, stones and sticks?

While swing sets and climbers offer large-muscle exercise, they are also expensive and require adequate fall zones, cushioning materials and supervision of children to prevent accidents from walking into jumping and swinging activities (see safety requirements in this section). Instead, you may choose to landscape a fenced play area with a variety of spaces for using small and large muscles. See Keeler's *Natural playscapes: Creating outdoor play environments for the soul* (2008), or Armstrong's *Family child care homes: Creative spaces for children to learn* (2010) for ideas that are simple and supportive of children's development, often without the expense or danger of large climbing structures. Most community colleges, local libraries and some Child Care Aware agencies have lending libraries with the suggested resources in this section to help you plan.

However, you have the choice to decide how to design your safe and engaging outdoor area. For inspiration in your outdoor planning, visiting other FHCC providers' homes that are in compliance with licensing and have rich and engaging outdoor spaces.

## *Places to care for children's basic physical needs:*

All children need to have their individual toiletting needs supported. Individual sleep patterns should be allowed for infants and toddlers. Older children may be supported to take regular naps or to have quiet times while others nap each day. Close collaboration with families is required for caregivers to understand the rhythms of the child's day and to understand parent requests in these areas. Eating and sleeping schedules are frequently a cause of friction between families and caregivers when communication is limited. See also Section Six for a discussion of sample policies that are very important to use as a basis for conversation and to

set a foundation for what a parent can expect from your FHCC.

**Naps or rest:** See Section Five – Safety, Health and Nutrition for information on sleeping equipment, and Section Three – Care and Education of Young Children for infant care, important SIDS prevention, and related napping and sleeping standards.

**Diapering and toileting:** See discussion of bathrooms in this section and refer to Section Four for specific diapering standards.

## *Signs the environment is not working well*

Children's behavior will often be the first indication that your environment is not working for them. While children's behavior usually has multiple influences, the environment is one area to check for its potential to either increase or decrease pro-social behaviors and engagement in learning activities.

Child behavior	Check environment
Aimlessly wandering or running inside	Furniture placement can prevent running and create logical work or play areas (low shelves form a space for protected block building)
Repeated conflicts for the same materials or toys	Do you have multiples of basic items that are in demand (scissors, crayons)?
Not helping with clean-up	Does the storage of materials make sense to children?
Asking for help finding materials	Are materials arranged neatly on shelves or in baskets with a picture of the item attached to the outside of the container?
Hiding under tables, behind sofas	Do you have other soft and quiet areas that invite children to relax or take a break? Do dramatic play areas have spaces for children to go into and out of while still being supervised (ex., large cardboard box or playhouse without roof)?
Does not continue projects or interests over time	Are children's interests documented and displayed in photos? Are some 3D structures protected so they may be worked on over days or weeks?
Never looks at or discusses what is on walls	Do you discuss with the children what to put on the walls to display their work? Are these work products changed regularly to reflect current interests?

## Changing your environment

It is easier to explore ideas for a new environment on paper or in a computer program than it is to physically move your furniture and materials. Begin by measuring your space. Then draw learning zones based on your space, cut out examples of major furniture pieces, and arrange the furniture in the zones. Consider how light, texture, traffic pathways, and materials should be added. Try it with your own or a visiting friend's children to see how it functions. Remember, clutter does not support children to understand how to use and enjoy the spaces. Resist overloading the space with materials. Instead, if possible, have a storage closet somewhere in your home that will allow you to rotate the containers of items for each zone or area. On the other hand, be sure to have enough materials to meet the needs of the different ages of children served and your maximum licensed capacity of enrolled children.

### RESOURCE

#### 4Teachers.org

<http://classroom.4teachers.org>

Integrate technology into your work and use this free, online planning guide for planning your caregiving space.

## Designing to accommodate and celebrate differences

Caregivers need to make accommodations for children with special needs (WAC [179-296A-0050](#)) to give them equal opportunity to participate in your FHCC. A written plan (for example, individual education, health or family plan) should describe how the child's needs will be met in your licensed child care. The plan should be based on an identified special need documented by a physician or other professional (for example, an educator or a social worker and signed by the parent or guardian). See WAC [170-296A-5625](#) regarding supervision, capacity and staff-to-child ratios for children with documented special needs.

In addition, if applicable, **reasonable modifications** to child care facilities, including FHCC, must be made to give children with special needs the opportunity to enroll and participate in your FHCC. This might mean, for example, installing a ramp for a wheel chair or making other *reasonable* changes that allow a child to participate in your FHCC program.

An interpretation of Title III of the Americans with Disabilities Act (ADA) is available from the U.S. Department of Justice at [www.ada.gov/childq&a.htm](http://www.ada.gov/childq&a.htm) to support you in learning what "reasonable modifications" means in practice. Small businesses, including FHCC, are eligible for tax credits up to \$5,000 and tax deductions up to \$15,000 to make building changes to comply with ADA requirements such as removing architectural barriers. See also [www.tomcopelandblog.com/2012/08/index.html](http://www.tomcopelandblog.com/2012/08/index.html) and other resources listed in Section One of this guide to support you in locating a free small business advisor in your area or other online resources.

## Resources for differentiating your FHCC for the youngest children: Early Support for Infants and Toddlers (ESIT)

Environments for all children need to reflect a partnership with families. This is especially important and is required by families who have children with special needs. A few valuable resources from ESIT are noted. The DEL website is continually updated with resources at [www.del.wa.gov](http://www.del.wa.gov) and <http://del.wa.gov/development/esit/Default.aspx>

## Families are Important

This training curriculum provides an overview of the IDEA Part C early intervention system in Washington. The training is available in English and Spanish from Washington's parent training and

information center, called Partnerships for Action Voices for Empowerment (PAVE). It is designed by families, for families and is intended to be used with the participant manual that can be downloaded from PAVE's website, found at [www.wapave.org/iteip/webinars.asp](http://www.wapave.org/iteip/webinars.asp).

**For the following ESIT resources, please visit DEL's ESIT webpage and find current versions of the following information:**

[del.wa.gov/development/esit/Default.aspx](http://del.wa.gov/development/esit/Default.aspx)

### **A Family's Guide to Early Intervention in Washington State**

Provides families an in-depth description of early intervention services and their rights under IDEA, Part C. Available in: English, Cambodian, Chinese, Korean, Lao, Russian, Spanish and Vietnamese.

### **Infants and Toddlers Who are Deaf or Hard of Hearing**

Information for families who have just learned their child has a hearing loss. Available in English, Cambodian, Chinese, Korean, Lao, Russian, Spanish and Vietnamese.

### **Please Ask, Babies Can't Wait – If Unsure, Refer**

State brochure and poster outreach campaign that allows local areas to adapt for their communities. Available in: English, Cambodian, Chinese, Korean, Lao, Russian, Spanish and Vietnamese. A related video to support families is <http://www.youtube.com/watch?v=JoaFNGmSU5U>

### **Prescreen Chart**

A colorful guide for development birth through age six. Available in English, Cambodian, Chinese, Korean, Lao, Russian, Spanish and Vietnamese.

### **Tips To and From Parents**

Tips for families on involving their child's doctor in the early intervention process. Available in English, Cambodian, Chinese, Korean, Lao, Russian, Spanish and Vietnamese.





# Supplies, Materials and Equipment

**Reflect:** The environment sends children many messages. It quickly tells children if it was designed for their needs and interests or if they are visitors to be tolerated until the adults return. It may invite learning or put up unnecessary barriers to safe and developmentally appropriate exploration. As you design your child care spaces, begin by taking a child's perspective of your home and letting your creativity bloom. Will children be able to be independent as well as join with others? Does it feel like a safe place where toys and materials are easy to find and to use? Will the materials be in an organized and predictable place the next day?

Use all of your senses when designing your environment, and consider reusing appropriate and safe items that you already own for the children to use. Be sure the spaces are also comfortable for the adult caregivers and the families who visit or volunteer. Try to promote the warm feeling of a community of learners sharing multipurpose spaces together. Finally, check your ideas for safety and health compliance by reviewing licensing standards that relate to your choices. Interesting care and learning spaces must also be healthy and safe.



## Brainstorm Ideas and Design Your Environment from a Child's Perspective

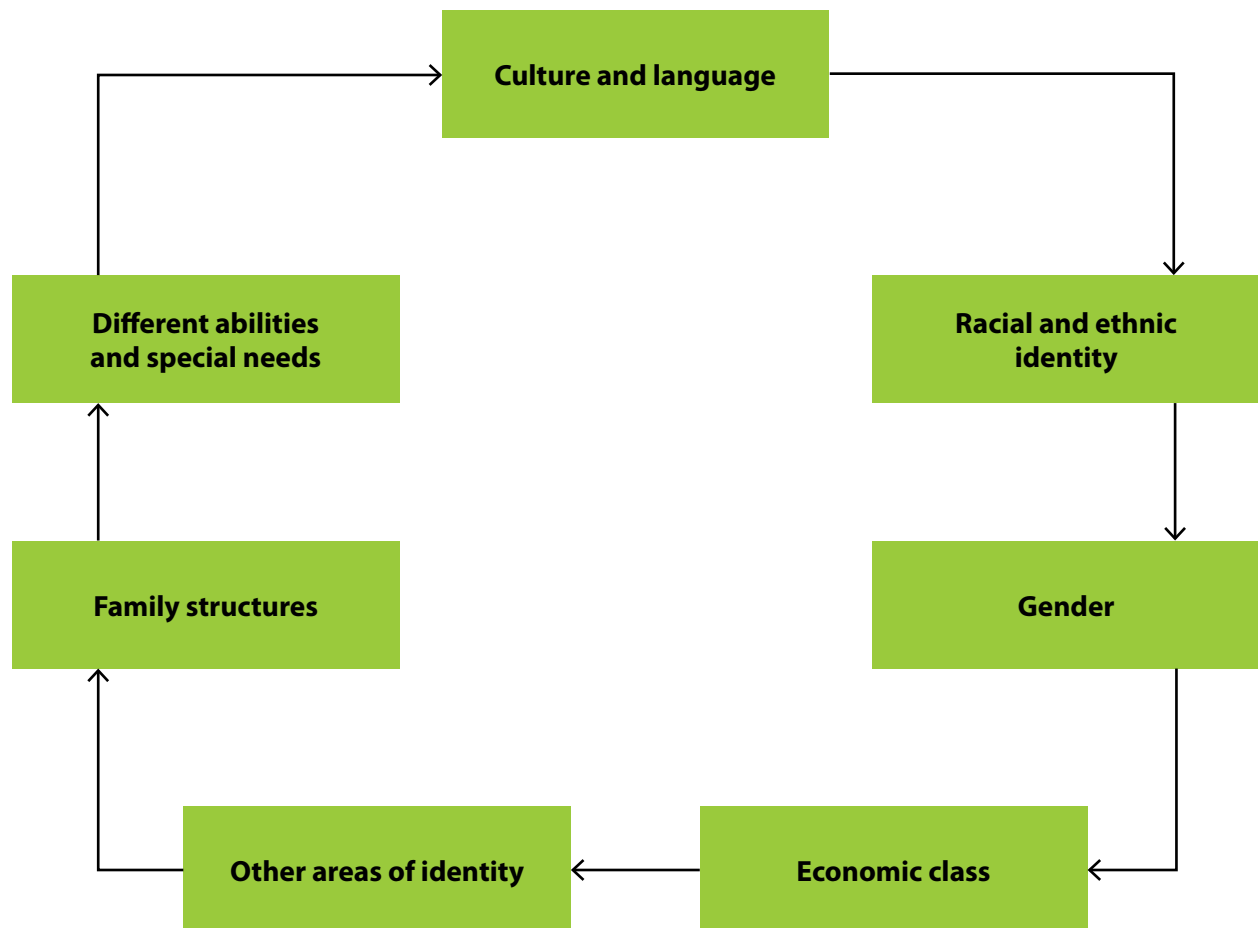
Designing with sensory experiences in mind	A few questions to consider (Add more of your own)	Brainstorm ideas (Visit other programs for more ideas)	Safety and health check (Find and read related WACs)
<b>Taste and smell</b>	<p>Where will we eat lunch and have snacks inside and outside the FHCC?</p> <p>Do we have enough materials for children to smell, mouth or explore?</p> <p>Is the outdoor play area free of car exhaust or other unhealthy levels of air pollutants?</p>	Promote children's participation in meal and snack preparation (child-sized utensils, chairs). Avoid adding harsh cleaning or artificial air fresheners to room environments.	<p>Are all accessible play materials safe for infants and toddlers to put in their mouths?</p> <p>Have we checked for recalled product items that need to be removed? (See web link at end of section.)</p>
<b>Sounds</b>	Are we able to hear language or is it so noisy children are tuning out human voices? Are children able to make music, shake natural objects and play with sound?	Soundproof with rugs, soft furniture or acoustic tiles in ceiling. Provide materials that create a variety of sounds.	When we listen, are we able to hear language clearly? Do children have experiences listening to and making music with simple percussion (drums, chimes) instruments?
<b>Color and visual interest</b>	<p>How will we use some of the walls as learning spaces? Are wall displays at children's eye level? Does blank space between displays and objects allow children to see a logic to the grouping of materials and pictures?</p> <p>Do we change displays to reflect current children's projects?</p>	Optional idea - Walls, furniture and floor coverings are warm or neutral in color. Children's toys, art and photos provide some bright color and visual interest. Avoid overwhelming with bright colors everywhere.	Do children see their culture and family reflected in the environment? Are positive representations of a diversity of people, abilities, places, and economic classes represented in books or visuals?
<b>Textures and surfaces</b>	How will we vary textures for interest? Are we avoiding having only plastic materials by bringing in some natural items? Do we use recycled or natural materials such as boxes, stones, twigs and leaves?	Keep table surfaces clear of clutter to maximize work and learning spaces for daily experiences. Add tactile interest (ex., a sea grass rug, a pebble mat).	<p>Have storage places for adult materials out of reach of children.</p> <p>Know what plants or other materials are toxic and to be avoided.</p>

<b>Light and air</b>	Do rooms have natural light and comfortable temperatures for children? Are children able to see outside?	Wind chimes, kites, natural outdoor materials accessible for children to explore and experiment with.	Is each room safe and clean, and is fresh air available?
<b>Learning zones to explore</b>	Are there pathways between activity areas to allow for movement and protection of children's work and play materials and experiences? How do we adapt environments to allow all ages and children with special needs to be involved in all parts of a multipurpose room?	Change materials in zones periodically to reignite children's interest.  Messy play supported by an easy-to-clean-up room and materials (ex., cleanable floors, smocks). Furnishings define use areas.	Are caregivers able to see an overview of the room and supervise all children even when working with one child? Do children have places to retreat to (cozy corner) that are in view of the provider?
<b>Quiet or soft spaces to think or rest</b>	Clearly defined areas for children to read, rest, play quietly or feel they are safe to watch others or retreat from interaction. Located out of walking paths.	Soft spaces invite children to relax or think alone. Small rugs or trays (for example) define spaces for individual work.	Do soft furnishings have washable slip covers, pillows, rugs or other cleanable surfaces?
<b>Toileting and diapering</b>	Do we have cleanable surfaces, water and fresh air access to maintain good hygiene and appealing smells?	Changing table located near a water source or sink, and cleanable surface underneath.	Diapering and toileting policies communicated to all staff & parents.
<b>Predictable locations for materials, furniture</b>	Is the homey feeling combined with a sense of order/organization? Are areas uncluttered so children can find what they need? Do we have multiples of items in frequent demand? Do children know our system for how to find and replace objects on shelves, in baskets, etc.?	Adequate amount of child sized furniture and materials for the ages and numbers of children in the FHCC  Place for each child's personal belongings (tub with name, shelf, hook for coat).	Unsafe adult items are kept out of sight and reach of children.  Children's hats, coats and personal belongings separated from each other.
<b>Materials</b>	Access to simple, open ended materials (water in tub or unit blocks) and accessories to add complexity (pitchers for pouring, cars to add to block area).	Rotate materials in and out of spaces while keeping items in predictable zones or use areas for children.	All ages have materials available that fit their age, or development, and learning or individual/special needs.

## Reflect

Now consider if your environment or your plans for creating one reflect an inclusive and accepting space that offers visuals, play materials and equipment to help children see themselves and their families positively reflected. Does the environment also help children to learn about people different from themselves? If you have a diverse group of children, they will begin to learn about diversity if you encourage them to learn about each other. If

there are major U.S. ethnic groups not represented in your child care, it will be important to teach about diversity through books, dolls, dramatic play props, art materials, visitors or field trips. **The book *Anti-bias Education for Young Children and Ourselves* (2010, pp. 161-162) offers extensive ideas to assess your environment and create plans to consider all types of human diversity and fairness including**



# Environmental Health and Safety

## Light and air

If you answer “yes” to the question, “*Am I able to control the natural light and ventilation in my child care spaces to fit the needs of our group?*” then you are meeting an important element of a high quality environment according to the Family Child Care Environmental Rating Scale (FCCERS-Revised Edition)<sup>1</sup>.

In addition, natural light adds softness and variations in shadows and reflections that may inspire and add visual interest for all children. Infants enjoy light and shadow as do older children who may have spent a long day in an elementary school with harsh florescent light. Studies even suggest that school achievement increases in rooms with natural light and good ventilation.<sup>2</sup> Fresh air that blows chimes or refreshes a room before the window is closed, is both an emotional and a health benefit.

**Area lighting** (WAC [170-296A-4360](#)) must be bright in the children’s activity areas, eating areas and the bathroom. All other areas must have lighting so children are safe.

**Lighting safety** (WAC [170-296A-4375](#)) for ceiling-mounted light fixtures that are in children’s areas require shatter-resistant covers and/or light bulbs or should otherwise be made safe.

Do not allow bare light bulbs in any play space or use lights or light fixtures indoors that are intended or recommended for outdoor use. Do not use halogen lamps in any area accessible to children during operating hours.

All light bulbs should be shielded or shatterproof in order to prevent injury. Halogen lamps are a potential burn and fire hazard. Avoid halogen lamps that are free-standing and could be tipped over and cause a fire. Any lamp without a protective screen could result in a child touching a very hot bulb or lighting materials on fire.



<sup>1</sup> Harms, Cryer & Clifford, 2007, p.14.

<sup>2</sup> Aronson, 2012, p.147.



A wide variety of shatter-resistant light bulbs and fixtures are available at any hardware or lighting store. Avoid holiday strings of lights—they are very inviting to toddlers who may put their mouth on a hot, breakable bulb. The Electrical Safety Foundation International provides guidelines on how to avoid injuries that can result from common holiday decorations and breakable bulbs at: <http://esfi.org/index.cfm/event/holidaySafety/pid/11990>.

**The indoor temperature** (WAC [170-296A-4250](#)) should be no less than:

- 60 degrees Fahrenheit (F) when children are sleeping.
- 65 degrees Fahrenheit (F) when most of the children are awake.

Optimal practice is to have a draft-free temperature of 68 degree F at 30-50 percent humidity in the winter and 74-82 degrees F in the summer months.<sup>3</sup>

**Fans, air conditioning** (which are inaccessible to children) or cross-ventilation (WAC [170-296A-4275](#)) are required when the inside air temperature exceeds 80 degrees Fahrenheit. The air people breathe significantly impacts health. Children are vulnerable because their lungs are developing. Dirt, moisture, and warmth promotes growth of mold and other contaminants. Air circulation is important to clear infectious diseases, odors, and toxic substances in the air. Air circulation can be increased with ventilation, air conditioning, and cooling (HVAC) system as well as by using fans and open window.<sup>4</sup>

**Noise levels** should allow children to easily hear conversations around them. This is important because young children are learning language and need to hear when they are spoken to or are speaking to others. Sound absorbing ceiling tiles or area rugs and soft furniture will absorb some sound and create a warm atmosphere.

**Window coverings** (WAC [170-296A-4300](#); RCW [43.215.360](#)) are prohibited that have pull cords or inner cords that can form a loop are prohibited because they pose a strangulation hazard to children. An inner cord is a string or cord that runs down the center or sides of the window coverings. It allows the window covering slats to open and close. See the following link for pictures of an inner cord at [www.windowblindskillchildren.org/kill2.html](http://www.windowblindskillchildren.org/kill2.html)

You may use window coverings that have been manufactured or altered to eliminate the formation of a loop. How do you permanently fix coverings? Make sure the pull cords and inner cords cannot form a loop. A retrofit kit can help fix pull cords that form a loop and may allow you to keep using your existing window coverings, while taking away the threat of child injury. If you are interested, talk to your licensor about these kits.

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**This standard is especially important because children are able to strangle in the loops of window blind cords (WAC [170-296A-4300](#); RCW [43.215.360](#)).**

Window blinds sold prior to November 2000 have dangerous inner cords. New blinds and shades for sale have now had the loops on cords eliminated. The Consumer Product Safety Commission (CPSC) recommends only cordless window coverings in all places where children live, visit or receive care. When buying any new window coverings, you should ask for child safety features. Best practice requires you to check all of the shades and blinds in your home and especially those that are accessible to children and in children's crib or sleeping areas. See a graphic of this hazard that show solutions for it on the CPSC website: [www.cpsc.gov/info/wincover/index.html](http://www.cpsc.gov/info/wincover/index.html)

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On emergency exits, you may not secure window coverings in any way that would prevent the window or door from opening easily.

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<sup>3</sup> Aronson, 2012, p. 147.

<sup>4</sup> *Caring for Our Children*, 2011, Standard 5.2.1.1., p. 211.



**Stairs** (WAC [170-296A-4325](#)) and the stairway should:

- Be well lit and free of clutter.
- Have a handrail not higher than 30 inches or sturdy slates on one side of the rail. Have a pressure gate, safety gate or door to keep the stairs inaccessible to infants and toddlers.

**Electrical outlets, cords and power strips** (WAC [170-296A-4350](#)) should be:

- Tamper-resistant outlet covers or receptacles in areas accessible to children. As used in this section “tamper-resistant receptacle” also means tamper-resistant outlets, or child safety outlets, that have automatic shutters which allow insertion of electrical plugs but block insertion of other objects.

Power strips with a surge protector may be used and must be made inaccessible to the children. Extension cords may be used only for a brief or temporary purpose and must be plugged into an outlet or into a surge protected power strip. Acceptable examples are pictured below.



*Electrical outlets, power strips and cords*

Interior outlets near sinks, tubs or toilets must be:

- Tamper-resistant ground fault circuit interrupter (GFCI) type.

- Made inaccessible to the children.



*Photo of acceptable types of FRCI outlets near sinks.*

Electrical cords must be:

- Secured to prevent a tripping hazard.
- In good working order, not torn or frayed and without any exposed wire.
- Plugged directly into an outlet or a surge protector.

**Indoor licensed space** (WAC [170-296A-4225](#))

The indoor licensed space must have 35 square feet per child for the maximum number of children stated on the license, measured to include only the space intended for use by children in care. The space under furniture used by the children is counted in square footage. Indoor space that is not counted in the minimum square footage requirement includes:

- Unlicensed space that is made inaccessible to children in care.
- Space under furniture not used by the children.
- Hallway space that leads to an exit.
- Bathrooms and closets.

**Note:** An office or kitchen that is made inaccessible to the children and is not intended for their use may be included as licensed space but is not counted as part of the minimum square footage.

Caring for Our Children (2011) standard 5.1.2.1 research states that while 35 square feet is the commonly used state licensing standard, 42 to 50 square feet per child better meets space requirements for active, young children. If you have that much space, you might consider advertising that you meet best practice recommendations and you exceed licensing standards in this one area. As we all know, crowding creates more conflict, especially among young children.

Designers know, though, that the space you do have can be maximized by careful planning. In child care spaces, the most important requirement is to be able to monitor all the children. Using careful furniture placement to create multiuse zones is the next step. If too much of your environment is one large wide-open space, children will tend to run and may have a difficult time focusing on a quieter activity. Consider the type and placement of equipment, furnishings and materials as you plan your child care spaces.

## *Materials, equipment and furniture inventory, and wish list*

**Safety first:** The materials you offer children must be safe for their ages. Be especially careful of small toys or parts that could be swallowed, sharp edges or points, loud noises, cords or strings that might wrap around a child's neck, and toys used to shoot or throw objects. In buying toys, pay attention to the age level rating on the item. For children under age three, make sure materials are not small enough to swallow. One test is: If the item would fit inside a toilet paper tube, it is too small.<sup>5</sup>

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<sup>5</sup> Early Learning and Development Guidelines, 2012, pp. 136-137

*“Blocks allow for open-ended activities and can be in sizes safe for all ages.”*

*- Kathleen McGunagle, 18 years' experience in FHCC, Spokane*

## EXAMPLES FOR DIFFERENT AGES OF CHILDREN IN CARE

<b>Materials Equipment Furniture</b>	<b>Meets developmental needs of child</b> <b>I</b> Infants <b>T</b> Toddlers <b>P</b> Preschool <b>S</b> Ages 5 through 12 <b>M</b> Multiage	<b>Items needed now* and Items wanted</b>  Add your own ideas	<b>Items I have now to reuse safely in the child care</b>  (Check for any product recalls on older items)
<b>Furniture</b>	<b>I</b> Cribs, diaper table, floor space <b>T</b> Steps near sink promote self-help <b>P</b> Low, open shelves promote engagement	<ul style="list-style-type: none"> <li>• Baskets, bins or containers to keep items logically organized and accessible for children</li> <li>• Containers that are easy to ro- tate in and out of spaces*</li> </ul>	
<b>Design elements</b>	<b>M</b> Different kinds of activities go on at the same time, in a safe and separate way	<ul style="list-style-type: none"> <li>• Balance soft and hard elements</li> <li>• Distinct zones or levels allow for quiet and active play at same time*</li> </ul>	
<b>Music &amp; movement</b>	<b>I</b> Tummy time and crawling areas protected from older children	<ul style="list-style-type: none"> <li>• Maracas, drums, flutes</li> <li>• CD player, sheer fabric for move- ment play* and variety in music type</li> </ul>	
<b>Blocks</b>	<b>S</b> Connecting blocks <b>M</b> Wooden, soft blocks di- vided for each age group	<ul style="list-style-type: none"> <li>• Wooden unit blocks, soft stack- able or cardboard blocks*</li> <li>• Variety of accessories (ex., cars, people, animals)</li> </ul>	
<b>Dramatic play</b>	<b>M</b> Clothes, objects related to interests of children in daily and fantasy life, and represent human diversity in non-stereotyping ways	<ul style="list-style-type: none"> <li>• Potholders, cookbooks, baking utensils</li> <li>• Dolls that represent different ethnicities and abilities*</li> </ul>	
<b>Math</b>	<b>T,P,S,M</b> Plentiful and varied materials for specific ages to support math numeracy and other concepts	<ul style="list-style-type: none"> <li>• Cardboard tubes</li> <li>• Measuring tapes</li> <li>• Recycled materials</li> <li>• Blocks</li> </ul>	

<b>Nature/science</b>	<b>M</b> Pictures books, games that represent nature and science areas. Outdoor experiences daily.	<ul style="list-style-type: none"> <li>Plants, fish, books</li> <li>Found natural materials available to examine with magnifying glasses.</li> </ul>	
<b>Sand/water sensory materials</b>	<b>M</b> Indoor and outdoor sand, water, sensory tub materials to rotate	<ul style="list-style-type: none"> <li>Tubs to rotate sensory materials*</li> </ul>	
<b>Art</b>	<b>M</b> Avoid all toxics (ex., glitter, shaving cream, perm. markers, small beads, or styrofoam pieces that may choke)	<ul style="list-style-type: none"> <li>Easel, paint brushes, watercolor, crayons, drawing items, chalk</li> <li>3D collage materials and nontoxic paints*</li> </ul>	
<b>Fine motor</b>	<b>I</b> Grasping toys, nesting cups <b>T</b> Shape sorting games <b>P</b> Stringing beads <b>S</b> Lincoln logs, legos	<ul style="list-style-type: none"> <li>Puzzles for different ages</li> <li>Fill-and-dump containers measuring cups</li> <li>Pots with lids</li> </ul>	
<b>Books</b>	<b>I,T</b> Baskets of cardboard book <b>P,S</b> Variety of types of books protected from younger children <b>M</b> Wordless picture books promote conversation	<ul style="list-style-type: none"> <li>Books are used throughout the day and dispersed for easy access</li> <li>Multiple books for each child and for all ages and interests</li> <li>Sufficient number of books for each age group (rotated over time)</li> </ul>	
<b>Displays</b>	Background, experiences and identities of children are reflected in visual displays	<ul style="list-style-type: none"> <li>Camera to document and honor children's work and art</li> <li>Frames, wall spaces reserved for work displays</li> </ul>	
<b>Technology</b>	<b>M</b> Screen experiences promote active involvement (ex., sing and move), creativity, autonomy, thinking, choice <b>S</b> -take pictures, videotape play	<ul style="list-style-type: none"> <li>No screen time for ages two and under</li> <li>Older children do not use TV or other screen time for extended time and/or in place of daily interaction with peers and caregivers</li> </ul>	

<b>Outdoor play</b>	<p><b>M</b> Large muscle activities include areas for riding toys, climbing areas, ball play</p> <p><b>I,T</b> Separated from older children's vigorous play</p>	<ul style="list-style-type: none"> <li>• Active, vigorous play encouraged</li> <li>• Spaces that separate different kinds of play</li> <li>• See safety information (ex., fall zones, protective surfaces, swing set guidelines from US Consumer Product Safety Commission (CPSC)).</li> </ul>	
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### Toys, equipment and displays (WAC [170-296A-4200](#))

Maintain equipment, toys or other items in good and safe working condition. Remove a recalled item as soon as you become aware that the item has been recalled. Recalls are posted at [www.recalls.gov](http://www.recalls.gov).

Materials must promote active learning that extends play, and must be:

- Appropriate for the child's developmental age.
- Stored easily.
- Safe (no choking hazards).
- Durable.
- Cleanable and nontoxic.

## The development, learning and thinking environment

### MATERIALS AND INFANTS

Infants use all of their senses including touching and mouthing objects, listening to voices, and exploring with their eyes and sense of smell. Some “materials” are natural and cost nothing but your time and attention!

- Let infants compare and contrast smooth and bumpy balls or different large fruits or vegetables.

- Respond to an infant’s vocalizations. Use words to narrate their experiences such as, “That’s a spoon. You are looking at the red spoon. Want to hold it?”
- Play peek-a-boo or hide objects to find.
- Take texture walks around the house or yard. Touch a tree trunk, crinkle a leaf, feel the moss on a rock and talk about what you are touching, seeing and doing.
- Use daily routines as prime time for learning. Sing favorite songs and enjoy the patterns of light, sound and the breeze in the air to serve as your inspiration for infant activities.

#### More materials for young infants (birth to 11 months)<sup>6</sup>

- Soft toys, blankets
- Bath toys
- Nesting cups, stackable rings, small boxes or plastic containers of various sizes and shapes
- Plastic container with handle (such as a small bucket) to use as a carrying container
- Safe things to play with that you might have around the house that have a variety of shapes, colors, textures, sounds and smells
- Different sizes of cardboard boxes to climb into, or put things in, or nest, or stack
- Objects with different textures, such as fuzzy, bumpy or smooth

#### For older infants (9 to 18 months)

Important: Make sure materials are not small enough to swallow.

- Songs, rhymes, poems
- Finger paints or shaving cream; chalk and chalk board
- Unbreakable mirrors
- Magnet boards with magnets in different shapes
- Sturdy, low table or stool to climb onto and under
- Alphabet, picture and story books in the home language and English

<sup>6</sup> More materials ideas are listed here and on the next several pages and are from the Washington State Early Learning and Development Guidelines, Examples of Materials to Help Your Child Play and Learn, 2012, pp. 136-137.



**Materials and toddlers:** A toddler is always wondering, “How does that work?” and likes to dump and fill and get into and out of different places.

- Give toddlers objects to shake, rattle and throw, open and close, or things that can safely be taken apart and put back together like boxes with lids, or bowls with snap-on plastic covers. Explore liquids in small tubs and provide cups for pouring and filling.
- Take walks and look for pine cones or other natural objects to explore, like rocks and leaves. As you move about the natural world or inside your home, talk about how things feel hard or soft and if they look comparatively big or small.
- Choice and small jobs are two gifts toddlers love. A small towel to wipe off a table or soak up a spill on the floor is lots of fun and serious business at the same time.
- On and off is also fun. Do you have a flash-light or another button for a toddler to push and see a light go on and off?
- Categorizing one object at a time. Sorting a pile of tiny oranges from a pile of apples into two separate baskets can be fascinating.
- Talk about emotions and what others might be feeling such as: “Fernando has a big smile on his face and he is running all over the yard. How do you think he is feeling today?”
- Take an attitude of testing out solutions to problems, by suggesting ways to figure things out for example, “Have you tried putting those blocks on the other side to keep your tower from falling? Or, I wonder how you could make your tower stronger?”

### More materials for toddlers (16 to 36 months)

- Music for movement, games and dancing
- Dress-up clothes, hats, dolls, stuffed animals, boxes, or other props for pretend play
- Soft puppets, finger puppets
- Large balls and bean bags to toss
- Large beads to string with yarn
- Alphabet blocks or cookie cutters
- Blocks, items that connect, such as plastic “bricks”
- Plastic or metal measuring cups
- Large dishpans to fill with water or sand, and cups, funnels, pitchers, etc. to fill and dump
- A basket or floor-height cupboard with items such as small plastic bowls, measuring cups, pans with lids, wooden spoons, plastic containers with lids, empty spools, cardboard tubes, etc.
- Rattle, bell, drum or other safe objects to shake or bang
- Blocks or magnets with letters and numbers
- Mobiles, balls
- Stuffed animals, dolls
- Crayons, washable markers, paint, play dough, clay
- Cloth, board and plastic books
- Books about animals, sounds, nature, shapes and colors, numbers and counting, people from various cultures
- Pictures, photos
- Stories, poems, songs in the home language and English about a variety of people, places, families, workers, healthy meals, physical activity
- Photos of the child and the family

**Materials and preschoolers:** A preschooler is living in a magical time and needs lots of time for pretend play. This dramatic play can be enriched with literacy or math materials that are used in a play scenario. Some of the best play materials are open-ended and can be whatever the child wants them to be.

- A large cardboard box may become a store, an office or a mechanic's garage.
- Loose parts for counting, categorizing and discussing are important. Five different spools of thread "for sale" in a play store can start a conversation about math concepts involving more or less, quantity and estimating amounts.
- Find opportunities to put routine objects together in a one to one correspondence

(plates and cups at lunch) as well as lining things up in logical sets (mommy and baby animals) or count as you hop outside with preschoolers.

- Read books and sing rhyming songs while moving to feel the language of syllables flowing to a beat.
- Write down the wonderful stories preschoolers tell and ask them to draw pictures to represent what they are thinking about.
- Recognize and broadcast when you notice how well preschoolers focus their attention and extend their play for longer and longer periods of time.
- Help them plan for what they want to play with, before they start to play. Then talk about what they did and reflect on what they want to do tomorrow.

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### More materials for ages 3 to 4 years

- Items to sort by shape and color
- Rhythm instruments using household items: pots and wooden spoons for drums, blocks to clap together, beans in a sealed jar to shake, tin can with lid for a drum, etc.
- Materials to explore and use, such as blocks, cups, small boxes, sand, clay, yarn, cloth
- Plastic, wooden or wax fruits and vegetables
- Puzzles with up to five pieces
- Pictures and stories (in the home language and English) about families, different cultural themes

### For ages 4 to 5 years

- Materials with different textures, such as wet clay, dry sand, smooth cloth, rough sandpaper, etc.
- Containers of different sizes with different kinds of lids and latches
- Items of different shape, size and color to sort (such as blocks, plastic cups, balls, etc.)

- Jump rope, hoop to roll or jump through
- Scooter, wagon, wheelbarrow
- Chopsticks, tongs, turkey baster, wooden clothespins
- Blunt scissors
- Pictures cut out of magazines, glue stick and large sheets of paper to fold into books or make collages
- Yarn or shoelaces to tie, or lacing cards
- Card or board games that use counting
- Magnifying glass, ruler, measuring cups, measuring spoons, eye dropper
- Jigsaw puzzles with up to 10 pieces
- Picture books, story books, poetry books, magazines
- Activities that require following clear directions, such as cooking, planting seeds or simple science experiments

**Materials and school age children:** Attention, memory and representing thoughts in drawing and writing are now growing. The child of this age is able to solve increasingly complex play and social problems.

- Talk together about different perspectives and problem-solve social situations. For example: “Isn’t it interesting how Amal told us he loves pizza with green peppers and pineapple and Josie prefers tofu and spicy noodles the best? Everyone has their own very special meal that is their favorite. For family night we need to plan snacks. What should we serve the families that will give everyone something they really like to eat?”
- Notice when school age children are competent and caring and ask them to explain

their thinking, such as, “Thank you Andre for dividing the play dough evenly among all four children. How did you figure out how to do that?”

- Help older children think for themselves and gain confidence by letting them know mistakes are often the start of the best ideas or inventions. If a child says, “Oooops....I can’t write this stupid school assignment!” reply with, “Hey, let’s break it down into little pieces and start with your questions about it. Then we can look for more information on your questions.”
- Sometimes an elementary age child just needs a break, a time to play with younger children and run outside.

### More materials for age 5 and Kindergarten

- Stories about people working together to solve problems
- Jump rope, hula hoop
- Paper and pencil for writing
- Magazines, newspapers or other printed materials with pictures to cut out, scissors, paste or glue stick, sheets of paper to staple or fold together into a book
- Items from nature: leaves, stones, flower petals, etc.
- Different shapes cut out of heavy paper or cookie cutters in various shapes
- Playing cards
- Sock puppets, finger puppets
- Balloons
- Materials to create art work, such as crayons, paper, fabric, yarn, dried pasta, cotton balls, pipe cleaners, glue or paste, etc.

### Remember

Your best “materials” are your unconditional acceptance and delight in every child as a part of a warm and caring community in your family home child care.

### 1st Grade

- Maps of the local area
- Board games
- Puzzles of 100 to 500 pieces
- Books about topics of interest to the child (fiction and nonfiction)

### 2nd Grade

- Heavy paper to make note cards (for writing a thank-you note, birthday greeting, etc.) and envelopes
- Ruler, thermometer, scales
- Baskets and boxes to use for collecting leaves, stones, etc.

### 3rd Grade

Small notebook for a fitness log, food journal, weather log or to record observations in nature and maps of the world and of countries of interest.

## Water and creating a healthy indoor environment

Young children in particular, benefit from hand washing, healthy toilet and diaper changing procedures and other regular cleaning schedules as a way to prevent the spread of illness and disease. Look first at your bathroom to see if you are ready to care for the toileting needs of children.

### BATHROOMS, FLOORS/SINKS AND WATER TEMPERATURE

**Bathrooms** (WAC [170-296A-4625](#)): You must provide at least one indoor bathroom in the licensed space with:

- A working flush-type toilet.
- Privacy for toileting for children of the opposite sex who are four years of age or older and for other children demonstrating a need for privacy.
- A mounted toilet paper dispenser and toilet paper for each toilet.
- A toilet of an appropriate height and size for children, or a platform for the children to use to reach the toilet that is safe, easily cleanable and resistant to moisture.

Bathroom and toileting areas must be ventilated by the use of an exhaust fan or a window that can be opened.

**Bathroom floors** (WAC [170-296A-4650](#)): Floors in a bathroom or toileting area must have a washable surface and be resistant to moisture. The floor must be cleaned and disinfected daily or more often if needed. Removable rugs may be used in the bathroom. The rugs must be laundered and sanitized at least weekly or more often if needed.

### A responsibility to provide a clean, sanitary and safe environment

#### Disinfecting reminder in toileting areas:

Use either a bleach solution of one tablespoon of chlorine bleach to one gallon of cool water or if another disinfectant product is used, it must be used according to the manufacturer's label instructions. Let it stand for two minutes before removing.

**Sanitizing** in food preparation areas or cleaning mouthed toys requires less bleach or ¼ to ¾ cup of bleach to one gallon of water.

**Bathroom sinks** (WAC [170-296A-4675](#)): A sink used for hand washing must be located in or next to bathrooms. The sink must:

- Have warm running water.
- Be of appropriate height and size for children, or have a stable platform for the children to use to reach the sink that is safe, cleanable and resistant to moisture.

**Water temperature** (WAC [170-296A-4700](#)): Hot water must be kept at a temperature no less than 80 degrees and no more than 120 degrees Fahrenheit. Young children are at risk for being scalded by hot water when the temperature is set higher. This is especially dangerous for immobile infants or children with special needs if they are not able to move away from scalding water.

**Changing tables** should be sturdy enough so that they will not flip over and water resistant with a smooth surfaces that is easily disinfected. The changing table should be at a height for use by adults (between 28 and 32 inches high). Railings or barriers should extend at least six inches above the change surface.

**Use child-sized toilets** or use:

- Safe and cleanable step stools with modified toilet seats used with adult sized toilets.

- Potty chairs or non-flush toilets should be avoided unless they are:
  - Disinfected after every use in a sink.
  - Used only in a bathroom area with a moisture resistant surface.
  - Accessible to children only under direct supervision. The sink used to clean and disinfect the potty chair should also be cleaned and disinfected after each use.

**Accidents happen.** Children who are in diapers or who are learning to use the toilet may have an occasional accident and soil their clothes. Even children who have successfully used the toilet for several years may have an unusual accident when they are ill or they may delay toileting because they are focused on play activities. Talking about how accidents happen is reassuring to older children, who may be very upset and embarrassed that they have had a toileting accident. Be sure to follow your health policies if this toileting accident seems to be part of an overall illness requiring separation from other children and necessitating a call to parents to take the ill child home.

Prevent the spread of infectious disease by organizing your bathroom in advance. Have a changing table with steps to allow a child to climb up. If you change a child standing up, contamination is more likely in many areas throughout the bathroom. Minimally, you should use a large enough changing pad on the floor to prevent contamination of other surfaces in the bathroom. Be sure to have on hand:

- **Unused underwear, clean clothes.**
- **Wipes,** dampened cloths or wet paper towels for cleaning the child's genitalia and buttocks readily or other areas of the body as needed.
- **Plastic bags** to store soiled clothing, including underwear. Do not clean or rinse clothes in the toilet.
- **Extra clothes.** Use the child's extra clothes, socks, underwear, etc. and have additional clothing items on hand for repeated accidents.
- **Disinfection supplies.** Clean and disinfect the changing table or surface if a changing pad is used on the floor. See bleach mixture in

this section or follow manufacturers' directions for other disinfection products.

- **Running water and soap.** Wash your hands and have the child wash his or her hands. If you choose to wear disposable gloves you should still wash your hands once you remove the gloves.

**Chemical toilets should only be used as a temporary measure** if the normal toilets are not functioning. Constant supervision is required for young children who use a chemical toilet. Seek approval for use from DEL. Young children climbing on the toilet seat could pose a serious hazard if they fell through the toilet opening and into the chemical that is contained in the waste receptacle.

## HAND HYGIENE

### Reduce the spread of infection in child care.

Wash your hands and have the children wash their hand with soap and running water for at least 20 seconds. You will reduce the spread of disease originating from:

- Feces.
- Body fluids (saliva, nasal discharge, eye discharge, blood).
- Cuts or skin sores.
- Direct skin-to-skin contact.
- Touching an object that had illness-causing organisms on it.
- Fluids in the air from sneezing and coughing.

**Hand sanitizers** are an alternative to hand washing with soap and water. Using soap and running water is the best choice in all situations, except when running water is not available. For example, hand sanitizer may be used in place of soap and water on a field trip to a park that does not have bathroom facilities.

**Antibacterial soap** is not recommended in child care settings. There is no research to support use of antibacterial soaps over other liquid soaps.

## DENTAL CARE

**Dental care for birth to age six** is a part of a young child's overall health. Share information with the parents of the children in your care and model making dental care a part of your daily routine in child care.<sup>7</sup> Consider the following dental care issues in your daily routines with children:

- **Baby teeth are important** – Eating, speaking, shaping the face and guiding permanent teeth into place are some of the important functions of baby teeth.
- **Teething** – Give firm, safe, teething objects such as a teething ring and rub gums gently with your clean finger. First teeth begin to come in around six months of age, but there is great variability between children.
- **Cleaning** – With infants, begin by using a small, soft toothbrush or a clean, damp cloth after their first teeth come in. Brush after eating and let families know that brushing before bed is a good idea to prevent decay. Sing a song to keep toddler and preschool children brushing for at least two minutes. Try to get children to brush all tooth surfaces and their tongue. A check by you, after they brush, before children are about five years of age will catch the places they miss. Before school age, most children do not have the fine motor control to adequately brush their teeth without additional adult brushing.
- **Replace toothbrushes every three to four months** and let brushes air dry away from a sink to avoid infectious disease contamination. Use a very tiny amount of toothpaste (rice-sized for under age two; pea-sized for over age two).
- **Decay** – Germs in the mouth cause decay. It can be stopped if caught early.
- **First check-up** by the first birthday or sooner if you notice a problem or have questions. Encourage parents to take their child to a dentist once a year.

- **Never put an infant to sleep with a bottle.** Tooth decay and choking on fluid are two serious hazards. Especially **never prop a bottle** because an immobile infant may choke and be unable to breathe.

## RESOURCES:

### Access to Baby and Child Dentistry Program (ABCD)

Available if the child is enrolled in Medicaid's Apple Health for Kids. Prevention and restorative care is also available. Children birth to age six are linked to dentists.

### Kids Oral Health

[www.KidsOralHealth.org](http://www.KidsOralHealth.org)

Learn about how to protect the oral health of young children.

See the “resources” section to learn if there is a community health center with a free, or reduced charge dental clinic in your community.

### Within Reach Washington

[www.withinreachwa.org](http://www.withinreachwa.org)

Or call 1-800-322-2588 to learn about health, nutrition and dental services for families.

### Parent's Checklist for Good Dental Health Practices in Child Care

<http://nrckids.org/dentalchecklist.pdf>

Parent handout in English and Spanish, developed by the National Resource Center for Health and Safety in Child Care and Early Education.

### Bright Futures for Oral Health

[http://brightfutures.aap.org/practice\\_guides\\_and\\_other\\_resources.html](http://brightfutures.aap.org/practice_guides_and_other_resources.html)

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<sup>7</sup> American Dental Association. ADA positions and statements. ADA statement on toothbrush care: Cleaning, storage, and replacement. Chicago: ADA. [www.ada.org/1887.aspx](http://www.ada.org/1887.aspx).



# Exits

**EXIT DOORS (WAC 170-296A-4400) ARE ANY DOORS IN THE LICENSED SPACE THAT OPEN TO THE EXTERIOR OF THE HOME.**

Emergency exit doors are covered in WAC 170-296A-4500. There must be a chime, bell, alarm or other device to alert caregivers in the house when an exit door is opened. An exit door that is not designated as an emergency exit door may be locked during operating hours. The doorknob or handle must be able to be opened from the inside without use of a key, tools, or special knowledge, and must automatically unlock when the door knob or handle is turned. At least one exit door must be of the pivoted or side-hinged swinging type. Other exit doors may be sliding glass doors.

## LOCKS

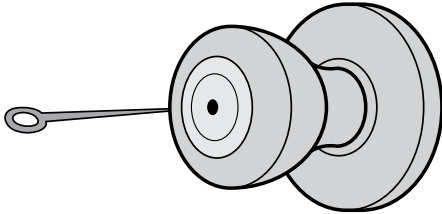
**Night latches, deadbolts and security chains** (WAC 170-296A-4425) may be used on an exit door that is not used as an emergency exit when overnight care is provided. However, you must have a DEL-approved safety plan in place before using night latches, deadbolts or security chains. A double-cylinder deadbolt lock which requires a key to unlock the door from the inside should not be permitted on any door along the escape path in a child care except the exterior door, and then only if the key required to unlock the door is kept hanging at the door.

**Alarms:** If emergency exits lead to unsafe areas for children (such as a street), alarms should be installed on exit doors to alert you in case a child attempts to leave. An alarm or signaling system should also be in place if you have a child in your care who requires special behavior support and/or poses a risk for running out of a room or building. Toddlers, for example, are at a developmental age characterized by high levels of curiosity with little understanding of the dangers of going outside alone.<sup>8</sup>



<sup>8</sup> Caring for Our Children, 2011, p. 207.

**Interior doors** (WAC [170-296A-4450](#)) are doors that do not exit to the exterior of the home. Any interior door that locks must be able to be unlocked from either side. An unlocking device must be readily available for staff to unlock any interior door when a child is locked in. The following graphic is of an interior door handle and emergency unlocking device.



*Interior door handle and emergency unlocking device*

## EMERGENCY EXITS

### Emergency exits—General (WAC [170-296A-4500](#))

Each level of the home (floor) used for licensed child care space must have at least two emergency exits that open directly to the exterior of the home. The emergency exits on each floor must be located remotely from each other, at opposite ends of the building or as widely spaced as possible. The reason for this standard is to allow you and the children an escape route when one of the exits is blocked during an emergency.

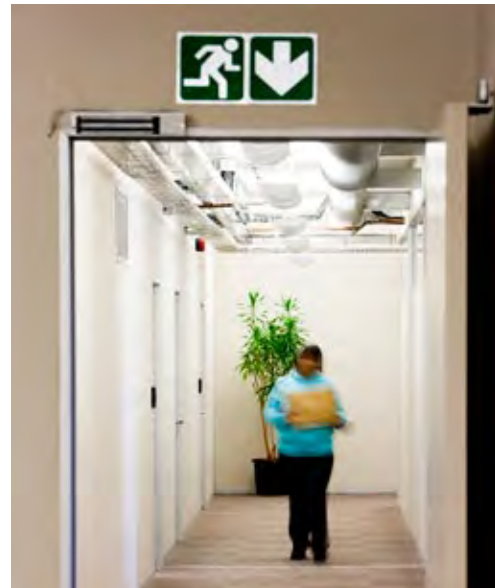
Exits should be unobstructed, allowing you and the children to escape to an outside door in case of fire or other emergency. Entrance and exit routes should be reviewed and approved by the local fire inspector. Unobstructed exit routes are essential for prompt evacuation. The purpose of having two ways to exit when child care is provided on a floor above or below ground level is to ensure an alternative exit if fire blocks one exit.<sup>9</sup> Unobstructed access to exits is essential to prompt evacuation. The hallways and door openings must be wide enough to permit easy exit in an emergency. One exit must be an emergency exit door as defined in WAC [170-296A-4525](#) and the other exit may be a

door or an emergency window as defined in WAC [170-296A-4550](#).

**Emergency exit pathways** (WAC [170-296A-4475](#)) to all emergency exits must be kept free from clutter and obstructions. The exit should be easily opened from the egress side without use of a key, special knowledge or effort. Door hardware that includes handles, pulls, latches, locks and other operating devices shall not require tight grasping, tight pinching, or twisting of the wrist to operate.



*Emergency exit doors should never be blocked.*



*Emergency exit pathways should be kept free of obstructions and clutter*

Every room used for child care, except bathrooms, must have two separate ways to exit that can be:

- An emergency exit door and emergency exit window leading directly to the exterior of the building,

<sup>9</sup> Caring for Our Children, 2011, pp. 206-208.

- An emergency exit door or emergency exit window and an interior door or doorway leading to an emergency exit pathway, or
- Two separate doors or doorways leading to two separate emergency exit pathways. See WAC [170-296A-4575](#) for additional requirements for rooms used for sleeping or napping.

**Basement spaces for child care:** If child care is provided in a basement, defined as a portion of the home that is partly or completely below grade, or level of the home accessed by an interior stairway, the stairway must have a self-closing door at the top or bottom. Any basement approved for licensed child care must have two means of emergency exit, which may be one of the following:

- Two emergency exit doors that exit directly to the exterior of the home without entering the first floor, or
- One of the two emergency exits is an emergency exit window or emergency exit door, and the other exit is an interior stairway that leads to an emergency exit.

**Note:** A self-closing door is not a fire door. It is a door that will close after you exit and is hinged or has self-closing hardware on it. . In the event of a fire, the door helps prevent the smoke from spreading.



**Emergency exit doors** (WAC [170-296A-4525](#)): An emergency exit door must open to the exterior of the home. Any door used as an emergency exit door must:

- Remain unlocked from the inside during operating hours.
- Be easy to open to the full open position.

If the emergency exit door opens to a landing that is four feet (48 inches) or more above grade, the landing must lead to a stairway or ramp to get to ground level.

**Emergency exit windows** (WAC [170-296A-4550](#)): Any window used as an emergency exit window must:

- Remain unlocked during operating hours, except a manufacturer-installed latch may be latched.
- Be designed to open from the inside of the room without the use of keys, tools or special knowledge.
- Be easy to open to the full open position.

The emergency exit window must be easily opened from the egress side without use of a key, special knowledge or effort. Door hardware that includes handles, pulls, latches, locks and other operating devices shall not require tight grasping, tight pinching, or twisting of the wrist to operate.

An emergency exit window must be at least 5.7 square feet of opened area, except emergency exit windows on the ground floor may be five square feet of opened area. When open, the window opening must be at least:

- 20 inches wide.
- 24 inches tall.

**Minimum height and width requirements in inches to open a window to 5.7 square feet.**

<b>Width</b>	20"	20.5"	21"	21.5"	22"	22.5"	23"	23.5"	24"	24.4"
<b>Height</b>	41"	40"	39"	38.1"	37.3'	36.5"	35.7"	34.9	34.2"	33.5"

<b>Width</b>	25"	25.5"	26"	26.5"	27"	27.5"	28"	28.5"	29"	29.5"
<b>Height</b>	32.8"	32.2"	31.5"	31"	30.4"	29.8"	29.3"	28.8"	28.3"	27.8"

<b>Width</b>	30"	30.5"	31"	31.5"	32"	32.5"	33"	33.5"	34"	
<b>Height</b>	27.3'	26.9"	26.5"	26"	25.6"	25.2"	24.9"	24.5"	24"	

**Minimum height and width requirements in inches to open a window to 5.0 square feet – for ground floor windows only.**

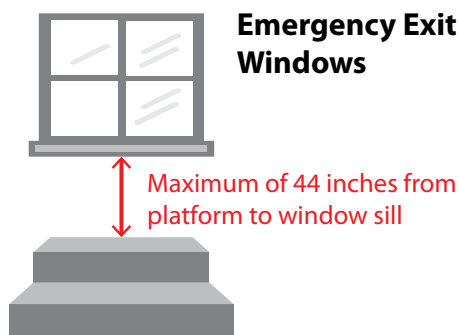
<b>Width</b>	20"	20.5"	21"	21.5"	22"	22.5"	23"	23.5"	24"	25"
<b>Height</b>	36"	35.1"	34.3"	33.5"	32.7"	32"	31.3"	30.6"	30"	28.8"

<b>Width</b>	25.5"	26"	26.5"	27"	27.5"	28"	28.5"	29"	29.5"	
<b>Height</b>	28.2"	27.7'	27.2"	26.7"	26.2"	25.7"	25.3"	24.8"	24.4"	

An emergency exit window must have an interior sill height of 44 inches or less above the interior floor. If the interior sill height is more than 44 inches above the interior floor, a sturdy platform (which may be a table or other device) may be used to make the distance 44 inches or less to the interior window sill. The platform must be in place below the window sill at all times during operating hours.

**Emergency exits from areas used only for sleeping/napping areas (WAC [170-296A-4575](#)):**

Each room used for sleeping or napping must have two ways to exit. One exit must be an emergency exit door or emergency exit window leading directly to the exterior of the building. The other exit may be an interior door leading to an emergency exit pathway.



# Pets and Animals

Pets can enhance a child's development of empathy as they learn to care for something other than themselves. However, not all pets are appropriate to be around children and safeguards must be taken to keep a healthy and safe space for the humans in your FHCC.



## Do not allow children to have contact with animals that pose serious hazards if accessible to children

Bats, hermit crabs, poisonous animals (spiders, venomous insects), reptiles, amphibians (snakes, turtles, etc.), psittacine birds (parrots, parakeets, budgies, cockatiels), ferrets, wolf-dog hybrids, stray animals, chickens, ducks, animals less than a year old, female animals in heat, or aggressive, wild or other dangerous animals.

## See a veterinarian to check if an individual animal of this type is suitable for your child care

Dogs, cats, rabbits, rodents (mice, rats, hamsters, gerbils, guinea pigs, chinchillas).

### Regarding the animals that are safe to have around children, ask yourself

- Does the animal have a veterinarian certificate verifying that it is in good health, without fleas, fully immunized and without parasites? Will I be able to maintain that good health while attending to enrolled children in my FHCC?
- Is the animal's temperament suitable for young children who are often unpredictable and may startle or upset an animal?
- Do I have a space away from food preparation areas that is easy to clean and comfortable for this animal?
- Will I be able to keep animal feces and other related germs brought into the house by animals away from the children in my child care?
- Is the animal trained to use a litter box or relieve themselves away from areas where there are children?
- Will I be able to keep animal food dishes away from children?



- Are any of my enrolled children allergic to any animals? If so what is the plan to inform their family and/or prevent contact?
- Will I remember to have children wash their hands after petting and feeding or handling items mouthed by them?
- Are the children in child care old enough to understand how to interact with an animal or would it be better to wait until enrolled children were over the infant/toddler or pre-school ages?<sup>10</sup>

**Pet and animal policy** (WAC [170-296A-4800](#)) is required if you have a pet or other animals. You need to inform children's parents and guardians

that the licensee has a pet or other animals and have a pet/animal policy in the parent handbook that includes:

- How children will have access to pets or other animals.
- How children will be kept safe around pets or other animals.
- Pet or animal immunizations.
- Handling of pet or animal waste.

The following is one provider's information for parents about animals. Even if she has no animals, she checks the "no animals" box, and gives it to parents so they know if any animals are ever brought to child care, they will be informed.

<sup>10</sup> Aronson, 2011, pp. 150-151.

## ANIMALS ON SITE

- ☐ We have no animals on site or animal visitors at any time.
- ☐ We have animals on site
- ☐ We have animal visitors: ☐ regularly ☐ occasionally

1. We have an animal policy, which is located \_\_\_\_\_.
2. Animals at or visiting our center are carefully chosen in regards to care, temperament, health risks, and appropriateness for young children. We do not have birds of the parrot family that may carry psittacosis, a respiratory illness. We do not have reptiles and amphibians that typically carry salmonella, bacteria that can cause serious diarrhea disease in humans, with more severe illness and complications in children.
3. Parents are notified in writing when animals will be on the premises. Children with an allergic response to animals are accommodated.
4. Animals, their cages, and any other animal equipment are never allowed in kitchen or food preparation areas. Animals must be located only where the environment can be cleaned and sanitized (example: no carpeted areas).
5. Children and adults wash hands after feeding animals or touching/handling animals or animal homes or equipment.
6. No animals are allowed around infants and toddlers or where any child eats, sleeps or active plays areas, entrances, hallways, restrooms, hand washing sinks.



**Pets or other animals** (WAC [170-296A-4850](#))  
**that have contact with children** must:

- Have current immunizations for communicable diseases if applicable.
- Show no signs of disease, worms or parasites.
- **Not be** aggressive.

**Pets or other animals interacting with preschool age children or younger** (WAC [170-296A-4875](#)) must be directly supervised by the staff. When interacting with animals, children and staff must:

- Wash their hands as required under WAC [170-296A-3625](#) after interacting with pets or other animals, or after handling an animal's toys, bedding, litter or equipment.
- Have a written plan to keep a pet or other animal inaccessible to the children if the pet or animal is known to be dangerous or aggressive.
- Make reptiles and amphibians inaccessible to the children due to the risk of Salmonella.

**Pet wastes** (WAC [170-296A-4900](#)) pose a hazard to children and require you to:

- Keep litter boxes inaccessible to the children.
- Have a designated area outside for pets to relieve themselves that is inaccessible to children in care. The area may not be counted in the licensed outdoor square footage under WAC [170-296A-4925](#).
- Remove feces right away if an animal relieves itself in the outdoor licensed space.
- Clean and disinfect the area immediately when a pet leaves feces, urine, blood or vomit in the indoor licensed space.



# Special Situations and Hazards

## COMMERCIAL USE AREAS MUST BE SEPARATED BY A FIRE WALL (WAC [170-296A-4600](#)):

### What is a fire wall?

A fire-rated wall with a specified degree of fire resistance, built of fire-resistive materials and usually extending from the foundation up to and through the roof of a building that is designed to limit the spread of fire within a structure or between adjacent structures.



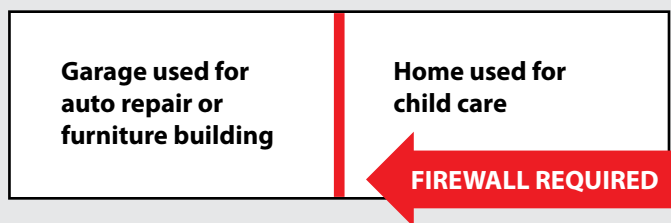
The licensed space must have a fire-resistant wall that separates the child care space from any space used as a commercial kitchen, boiler, maintenance shop, laundry, woodworking shop, storage where flammable or combustible materials are stored, painting operation, automobile or boat building or repair, parking garage or other commercial operation.

Emergency exits pathways must not exit to or go through the commercial space. Do not mix or store hazardous or toxic substances with items used in the preparation of food. Keep hazardous or toxic substances separate from all materials used in your child care space to prevent injury to children, staff and household members.

If you have questions about what constitutes a commercial space, contact your DEL licenser.

### Commercial use areas - Fire Wall

The licensed space must have a fire resistive wall separating the child care space from any space used for commercial purposes.



## GUNS AND OTHER WEAPONS

The American Academy of Pediatrics website [healthychildren.org](https://www.healthychildren.org) suggests the best way to keep your children safe from injury or death from guns is to NEVER have a gun in the home.

For those who know of the dangers of guns, but still keep a gun in the home and operate a licensed family child care, they must be sure to:

- Always keep the gun unloaded and locked up away from children.
- Lock and store the bullets in a separate place.
- Make sure to hide the keys to the locked boxes.

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**Specifically, WAC [170-296A-4725](#) states that you must store guns, ammunition and other weapons inaccessible to children in a locked gun safe or locked room. If stored in a locked room, each gun must be stored unloaded and with a trigger lock or other disabling feature.**

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Families of the children in your FHCC will want to know that you are in compliance with this very important WAC.

# Outdoor Environments

Being outside allows for experiences in all learning areas, but especially for physical development. A great outdoor space for young children is interesting to explore, invites challenging activities and is safe from hazards that a child cannot understand or predict.

Currently, many playground designers are encouraging early care and education providers to consider how they might retain wonderful natural environments. Large, climbing structures and huge swing sets are no longer seen as essential for every outdoor play space.

Some FHCC providers may have a yard large enough to include climbing structures and be able to provide and maintain the required cushioning materials and fall zones around such equipment requires. However, if you have just enough space to meet the 75 square feet per child outdoor minimum, or if you prefer a natural play yard then begin by brainstorming other ideas. A gentle hill, a pathway for walking and running and a garden to tend and explore are a few ways to begin planning for how to incorporate nature into your program.

Think of your program as an indoor and an outdoor one. How will you enter your “outdoor classroom?” Let your children know they are entering a special place.

Provide shade and/or protection from the elements if at all possible. Trees provide the best natural shade, but awnings or tables with umbrella shades can also provide places to cool down.

Are there places to climb, ride, run and explore? Mastering a safe yet challenging physical feat builds confidence for young children. Space and directional awareness comes from repeated experiences looking around and even perching on a large tractor tire or a small stump. A pathway made up of stone slabs to hop from, or a gravel path to wind around are all inviting and interesting. A concrete tunnel or one made from willow vines is fascinating to crawl through. Slides now can be purchased to be embedded in the side of a very gentle hill.



Messy places to fill and dump sensory materials, or to gather natural objects, are helpful to foster creativity.

Children can learn science and math when they tend even a very small garden as count seeds, measure out water for nurturing their plants and record the life cycle of a plant in photos, pictures and in garden diaries. Incorporate bird and butterfly loving native plants as well as birdhouses, feeders and worm beds. Bring out magnifying glasses, butterfly nets, and books to help learn about nature, or bottles to collect items. All are great extensions of your time outside.

Nature is full of “loose parts” to collect, classify, sort, and use in creative projects by having small baskets full of leaves, stones, moss, and sticks. A bucket of water and several paint brushes can captivate toddlers for a long time as they paint the driveway or walkway.

An outdoor yard expands the possibilities for throwing all sorts of balls and hoops and running with kites or light fabric. Riding small trikes and pulling wagons and other toys is great for coordinating large muscles. With good supervision and child-safe tools, plastic tubing, sheets, tarps and even PVC pipes for constructing are more possibilities for outdoor play.

The outdoors can also serve as a refuge, a quiet space or a place to talk and play with your friends. It is a wonderful gift to children who may be experiencing a hectic week, day or chronic stress.

Infants and toddlers love “texture walks” to feel their natural world, and are happy rolling in the grass. Preschoolers find outside to be a place to test their coordination and another place to imagine and pretend. School age children may also enjoy playing basketball, hopscotch, or jump rope --and their families will be glad they are not inside playing video games as they might be doing in their own homes.

Adapt what you know works in your indoor environment to the outside. Outdoors is also a place for multiple ages to be together drawing, blowing bubbles, or playing music that is too loud for inside. Spray bottles with water and a tiny amount

of food coloring can also fascinate and bring joy to a day when children are feeling too cramped to be inside.

Making play areas accessible to all children requires thinking about making paths 60 inches wide to accommodate a child in a wheelchair, brainstorming multiple ways to get on and off equipment, and considering adding ramps that allow access for children with reduced mobility (ramps are also great for toddlers who enjoy slow gradations in slope). Varying heights of water, sand and other sensory tables allows children or adults to sit and explore to do so easily.

Outdoor storage is very helpful to keep play materials protected from the weather so they can be used for many years.

**Licensed outdoor space** (WAC [170-296A-4925](#)). You must provide a safe outdoor play area. The outdoor play space must contain 75 square feet of usable space per child for the number of children stated on the license.

If the premises do not have 75 square feet of available outdoor space per child, you may provide an alternative plan, approved by DEL, to meet the requirement for all children in care to have daily opportunities for active outdoor play.

The licensed outdoor play space must be securely enclosed with a fence of a minimum height of four feet. When a fence has slats, openings between the slats must be no wider than 3.5 inches.

When the licensed outdoor play space is not adjacent to the home the licensee must:

- Identify and use a safe route to and from the licensed outdoor space that is approved by the department.
- Supervise the children at all times when passing between the licensed outdoor space and the home.

The licensee must provide a written plan, approved by DEL, to make roadways and other dangers adjacent to the licensed outdoor play space inaccessible to children.



**Rails on platforms, decks, and stairs** (WAC [170-296A-4950](#)): Platforms or decks (not including play equipment) with a drop zone of 18 inches or more must have guardrails in sections where there are no steps.

Outdoor stairs with four or more steps must have slats (balusters) or a hand rail no higher than 30 inches on at least one side. Openings between the slats must be no wider than 3.5 inches. This requirement does not apply to outdoor play equipment with stairs.

**Play equipment** (WAC [170-296A-5000](#)): You must have play equipment that is developmentally appropriate and maintained in a safe working condition. You must inspect play equipment at least weekly for injury hazards, broken parts, or damage. Unsafe equipment must be repaired immediately or must be made inaccessible to children until repairs are made.

Play equipment must be arranged so that it does not interfere with other play equipment when in use. You must install or assemble new play equipment acquired after March 31, 2012 according to manufacturer specifications, and keep specifications on file for review by the licensor.

For used or hand-made play equipment, or for play equipment acquired and installed prior to March 31, 2012, the licensee must assemble the equipment in a manner that provides a safe play experience for the children.

**Outdoor physical activities** (WAC [170-296A-5025](#)): You must have an outdoor play area that promotes a variety of age and developmentally appropriate active play for the children in care.

**Bouncing equipment prohibited** (WAC [170-296A-5050](#)): You must not use or allow the use of bouncing equipment including, but not limited to, trampolines, rebounders and inflatable equipment. This requirement does not apply to bounce balls with or without handles for use by individual children.

**Playground equipment** (WAC [170-296A-5075](#))

**Ground cover:** Surfacing material is required under swings and playground equipment intended to be climbed. The ground cover should be able to cushion a fall and absorb the impact. More than 70 percent of playground injuries are the result of children falling on hard surfaces. Consequently, you must not place climbing play equipment on concrete, asphalt, packed soil, lumber, or similar hard surfaces when used by children. The ground under swings and play equipment intended to be climbed must be covered by a shock-absorbing material. Grass alone is not an acceptable ground cover material under swings or play equipment intended to be climbed. Acceptable ground cover includes:

- Pea gravel: At least nine inches deep.
- Playground wood chips: At least nine inches deep.
- Shredded recycled rubber: At least six inches deep.

**Resource: Additional materials are described in *Caring for Our Children* (2011) at <http://nrckids.org/CFOC3>**

**Go to:** Full PDF, 3rd edition and scroll to the appendices. **See:** Appendix Z: Depth Required for Shock-Absorbing Surfacing Materials for Use Under Play Equipment (pp. 472-473).

Ground-cushioning material tends to shift over time. Children might enjoy helping staff rake the cushioning material back in place over the intended fall zones. The area under a slide is a good example of a place to check for sufficient ground cushioning material.

**Fall zones:** A six-foot fall zone must surround all equipment that has a platform over 48 inches tall that is intended to be climbed. The fall zone area must extend at least six feet beyond the perimeter of the play equipment. For swings, the fall zone between the front and rear of the swing set must be a distance equal to or greater than twice the height of the top bar from which the swing is suspended.

Swing sets must be positioned farther away from structures to the front and rear of the swing set. The distance to the front and rear of the swing set from any playground equipment or other structure must be the distance equal to or greater than twice the height of the top bar from which the swing is suspended.

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**Resource: The Dirty Dozen:  
12 Playground Hazards**

Retrieve a pamphlet and see a video on playground safety

- [www.americasbackyard.org/uploadedFiles/Americas\\_Backyard/DirtyDozen\\_Final.pdf](http://www.americasbackyard.org/uploadedFiles/Americas_Backyard/DirtyDozen_Final.pdf)
  - **Video** [www.nrpa.org/media/video/dirtydozen/dirtydozen.html](http://www.nrpa.org/media/video/dirtydozen/dirtydozen.html)
- 

**Daily outdoor activity (WAC [170-296A-5125](#)):**

You must provide outdoor activities at least 30 minutes each day unless conditions pose a health and safety risk to the children. Conditions that may pose a health and safety risk include, but are not limited to:

- Heat in excess of 100 degrees Fahrenheit.
- Cold less than 20 degrees Fahrenheit.
- Lightning storm, tornado, hurricane, or flooding if there is immediate or likely danger to the children.
- Earthquake.
- Air quality emergency ordered by a local or state air quality authority or public health authority.
- Lockdown order by a public safety authority.
- Other similar incidents.

After reading the FHCC outdoor licensing standards, and considering the creative and learning possibilities of a natural play yard, take a moment and dream about what you want to do to make your outdoor space attractive and enjoyable for you, and your enrolled children. Consider these

questions and the resources at the end of this section.

What open-ended natural materials that are safe and interesting might you and the children collect and use?

How will the children be able to use all of their senses to explore your yard. Do you want to plan or enhance their sensory experience with anything new?

How will children be able to imagine and pretend outside? Are there protected spaces that still allow you to supervise them? Do any spaces give the children opportunity for pretending to be on an adventure?

Sanders,<sup>11</sup> in an inspiring text, *Active for Life*, asks teachers to think about how children are able to learn what their body can do or how it can move. We are encouraged to look for ways children can increase their body awareness by:

- Crawling, walking, marching, galloping, hopping, running, skipping, leaping, climbing.
- Turning, twisting, bending, stopping and going, rolling, balancing, stretching, dodging or swaying.
- Throwing, catching, collecting, or hitting a ball with a racket.
- Varying their
  - Speed and rhythm.
  - Force and flow of movement.
  - Ways to become aware of space, directions, levels and pathways.

Go to your local library and find some of these exceptional resources to continue your short and long term environments planning. More general environments resources on the internet are listed at the end of this section.

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<sup>11</sup> Sanders, S. 2002, *Active for Life* WA, DC: NAEYC.

## RESOURCES

Armstrong, L. (2012). *Family child care homes: Creative spaces for children to learn*. St. Paul, MN: Redleaf Press.

Aronson, S. (Ed.). (2012). *Healthy young children: A manual for programs*. WA, DC: NAEYC.

Boise, Phil (2010). *Go green rating scale for early childhood settings*. St. Paul, MN: Redleaf Press.

Deviney, J., Duncan, S., Harris, S., Rody, M.A., Roesnberry, L. (2010). *Inspiring spaces for young children*. Silver Spring, Md: Gryphon House.

Deviney, J., Duncan, S., Harris, S., Rody, M.A., Roesnberry, L. (2010). *Rating observation scale for inspiring environments*. Silver Spring, Md: Gryphon House.

Greenman, J. (1988). *Caring spaces, learning places: Children's environments that work*. Redmond, WA: Exchange Press.

Harms, T., Cryer, D. & Clifford, R. (2007). *Family child care environmental rating scale – Revised edition*. New York, NY: Teachers College Press.

Keeler, R. (2008). *Natural playscapes: Creating outdoor play environments for the soul*. Redmond, WA: Exchange Press.

Louv, R. (2005). *Last child in the woods: Saving our children from nature deficit disorder*. Chapel Hill, North Carolina: Algonquin Books of Chapel Hill.

Rui-Olds, A. (2001). *Child care design guide*. New York: NY: McGraw Hill.



# Outdoor Water Activities and Safety

## Water activity—Supervision

(WAC [170-296A-5150](#)):

When children in care are attending a swimming or water play activity outside the licensed premises you must have written permission from each child's parent or guardian.

There must be a certified lifeguard on duty when infants or toddlers are in water depth that is:

- 24 inches or less; the licensee or staff must stay within reach of infants or toddlers.
- Greater than 24 inches, you must provide one-to-one staff-to-child ratio for each infant or toddler.
- Staff must hold or be in constant touch contact with each infant or toddler.

## Resources

Scott Noyes from [www.nhwatersafety.com/additionalresources.htm](http://www.nhwatersafety.com/additionalresources.htm) has gathered compelling reasons to plan to avoid the risks of pools and lakes in the summer and instead plan for fun and safe outdoor water play with children.

## Non-swimming water activities for children include:

- Washing trikes.
- Watering plants with watering cans, buckets and other containers.
- Suspending a sprinkler from a high place and allowing children to walk in the “rain.”
- Using plastic water gutters from the hardware store (be sure the edges are smooth and safe) and allowing children to create waterfalls, cascades and little rivers.
- Splashing, pouring and dumping water in a small wading pool.

## Wading pools--Defined—Supervision (WAC [170-296A-5175](#)):

A wading pool is an enclosed pool with water depth of two feet or less measured without children in the pool and can be emptied and



moved. When a wading pool on the premises is intended for use by the children you must:

- Directly supervise or have a primary staff person directly supervise the children.
- Obtain written permission from each child's parent or guardian to allow the child to use a wading pool.
- Maintain staff-to-child ratios when children are in a wading pool.
- Keep infants or toddlers in the wading pool within reach of the licensee or staff.
- Use a door alarm or bell to warn staff that children are entering the outdoor area when pool water could be accessed, or keep the wading pool empty when not in use.
- Empty the pool daily.
- Clean and disinfect the pool daily or immediately if the pool is soiled with urine, feces, vomit, or blood.

#### **Swimming pools defined—barriers and supervision (WAC [170-296A-5200](#))**

A swimming pool is a pool that has a water depth greater than two feet. When there is a swimming pool on the premises the licensee must provide:

- A door alarm or bell on each door opening to the pool area to warn staff when the door is opened.
- A five-foot high fence that blocks access to the swimming pool. When the fence has slats, the openings between slats must not be wider than three and one-half inches wide.
- Gates with a self-latching device at entrance and exit points to the swimming pool and lock each gate.
- An unlocking device that is not available to children but readily available to the licensee or staff.

The licensee must maintain the swimming pool according to manufacturer's specifications, including cleaning and sanitizing. When the swimming pool on the premises is used by the children:

- You must obtain written permission from the parent or guardian of each child using the swimming pool.
- One person present at the swimming pool must have lifeguard training.

You must provide:

- One staff person more than the required staff-to-child ratio provided in WAC [170-296A-5700](#) to help supervise children preschool-age and older.
- A one-to-one staff-to-child ratio for infants or toddlers in the swimming pool.

Staff must hold or be in constant touch contact with infants or toddlers in the swimming pool and children in diapers or toilet training must wear swim pants to lower the risk of contaminating the water.

#### ***What must you remember at all times about children and water in buckets, pools or lakes?***

- You must provide constant supervision. Never, ever, for any reason, leave children alone around any water. If you must leave, take the children with you. Bring with you what you need and do not leave, even for a second, to answer a phone or retrieve a forgotten item.
- Provide non-swimming water activities.
- Empty buckets, pails, and bathtubs completely after each use.
- Bring all needed items, including sunscreen, towels, and a first aid kit outside with you and the children.
- Tape a sign to the front door letting parents know you are out back with the children.
- Remember that fecal matter may be introduced into a wading pool by children who wear diapers. One idea for avoiding that problem is to have the children remain outside of the wading pool. You could then use it like a giant sensory tub. In this way children can enjoy the water, without sitting in it and potentially sharing infectious disease.



Suggestion to remember: The families of young children can offer their children water experiences that are hard for you to do as one adult supervising many children in a FHCC. Experiences that are valuable are sometimes best supported by a child's family when the risks are high as they are with swimming in lakes and pools.

Help families know that even in the home, water may pose a hazard to very young children. By also modeling indoor water safety, you will increase a families understanding safety practices such as:

- Keep the toilet seat cover down. Consider putting a latch on the bathroom door high enough to be out of reach of an interested infant and toddler.

### **Bodies of water or water hazards on the licensed premises (WAC [170-296A-5225](#))**

A body of water is a natural area or man-made area or device that contains or holds more than two inches of water. It does not include a wading pool, a water activity table, small bird baths or rain puddles with a water depth of two inches or less.

When children are in care you must:

- Make any body of water in the licensed space inaccessible with a physical barrier (not including a hedge or vegetation barrier) or fence that is at least five feet tall. When a fence has slats or open grids, openings must not be wider than 3.5 inches.
- Directly supervise children, with the staff-to-child ratios observed, whenever children play in any area with a body of water.
- Make hot tubs, spas, or jet tubs inaccessible with a tub cover that is locked.
- Not use five gallon buckets or similar containers for infant or toddler water play.

### **Bodies of water outside and near licensed space (WAC [170-296A-5250](#))**

You must make the following bodies of water inaccessible to children in care, and have a written safety plan approved by the department for:

- Ponds, lakes, storm retention ponds, ditches, fountains, fish ponds, landscape pools or

similar bodies of water located outside and near (in close proximity to) the licensed space, regardless of whether the body of water is on or off the premises.

- Any uncovered well, septic tank, below-grade storage tank, farm manure pond, or similar hazards that are on the premises.

Unless attending a swimming or water play activity, the licensee or staff must keep children from having access to bodies of water that pose a drowning hazard when outside the licensed premises.

When the licensee or primary staff person takes children near a body of water outside the licensed premises and children have access to a body of water that is more than four inches deep, there must be:

- One staff person more than the required staff-to-child ratio provided in WAC [170-296A-5700](#) to help with the children.
- At least one staff person in attendance who is able to swim.

**Remember:** You have just read that if you choose to have a swimming pool in your FHCC outdoor space that you should have an insurance rider for swimming pools. This reflects the increased risk you are inviting into your FHCC business by choosing to have a pool. It is good to know that there are many ways to achieve access to water through thoughtfully planned non-swimming water activities that allow a child to experience the joys of water while still keeping them safe. If you choose to expose your enrolled children to lakes or pools or other bodies of water your choices need to be carefully researched, considered and approved by DEL.

**Reflect:** The environment you create in your FHCC directly affects children's overall development and learning as well as their physical, emotional and social well-being. The following questions will help you to reflect on how to keep your licensed child care spaces healthy, clean, safe, and interesting for enrolled children.

1. List two of the most common outdoor safety hazards involving outdoor equipment as

identified by the U.S. Consumer Product Safety Commission (CPSC) and discussed in this section. Go to the links for the Dirty Dozen in this section if you want to learn about all 12 of the most common outdoor equipment hazards. Retrieve at:

[www.americasbackyard.org/uploadedFiles/Americas\\_Backyard/DirtyDozen\\_Final.pdf](http://www.americasbackyard.org/uploadedFiles/Americas_Backyard/DirtyDozen_Final.pdf).

2. What are several signs that your environment is working for the enrolled children? What are behaviors of children that may signal the environment needs to be altered?
3. Share several actions you must take with staff, parents and children if you have a pet in your FHCC.
4. What is the difference between an exit and an emergency door? What do FHCC licensing standards require for exit doors and for emergency doors?
5. Interview an experienced FHCC provider who likes her job and has been able to also have a satisfying family life. Ask them for several tips for balancing FHCC duties and the environment and protecting private family spaces and time.
6. What questions do you still have about FHCC environments? Identify several websites, books or local resources you plan to use to gather information related to your questions.

## RESOURCES

### Americans with Disabilities Act

#### Accessibility guidelines (ADAAG)

[www.access-board.gov/adaag/html/adaag.htm](http://www.access-board.gov/adaag/html/adaag.htm), and the U.S. Access Board's play area accessibility guidelines at <http://www.access-board.gov/play/guide/intro.htm>.

### Health House

[www.healthhouse.org](http://www.healthhouse.org)

Resources for building and maintaining healthy homes.

### Housecleaning tips

[www.housecleaning-tips.com](http://www.housecleaning-tips.com)

## National Resource Center for Health and Safety in Child Care and Education

<http://nrckids.org>

- Take a quiz on best practices for out-of-home child care under “Resources: Building Blocks” at the nrckids.org site.
- Read *Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Out-of-Home Child Care Programs*, Second Edition, 2011. Includes nationally recognized standards considered best practices in providing healthy and safe child care environments. *Caring for Our Children* was developed by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care.

### Light, color and learning

[www.designshare.com/articles/1/133/fielding\\_light-learn-color.pdf](http://www.designshare.com/articles/1/133/fielding_light-learn-color.pdf)

### Noise and effects on children

[www.epa.gov/air/noise/ochp\\_noise\\_fs\\_rev1.pdf](http://www.epa.gov/air/noise/ochp_noise_fs_rev1.pdf)

### Plants

[www.usask.ca/education/coursework/mcvittiej/resources/livingthings/plants.htm](http://www.usask.ca/education/coursework/mcvittiej/resources/livingthings/plants.htm)

A list of plants that are safe for children's spaces.

### Tips for Safety In and Around

#### Water, courtesy CPCS

<http://www.poolsafely.gov/wp-content/uploads/drownfactsheet.pdf>

### Tom Copeland's Taking Care of Business

[www.tomcopelandblog.com/2012/08/index.html](http://www.tomcopelandblog.com/2012/08/index.html)

A blog that updates this widely read FHCC business writer's current suggestions for running an effective small business.

### U.S. Consumer Product Safety Commission

- [www.recalls.gov](http://www.recalls.gov)
- [www.cpsc.gov/cpsc/pub/prerel/prerel.html](http://www.cpsc.gov/cpsc/pub/prerel/prerel.html)

Sign up on this website to receive notifications for children's product recalls.

U.S. Department of Justice  
[www.ada.gov/childq&a.htm](http://www.ada.gov/childq&a.htm)  
Information on the American with  
Disabilities Act





# 5. HEALTH, SAFETY AND NUTRITION

In this section you will learn about:

- Health
- Fire and Emergency Preparedness
- Food and Nutrition

*“When I visit a child care program and ask to see the health plan or policy, I hope to see a well-worn document that looks like it has been referred to a lot. The brand new looking handbook, carefully stored in the back of a file drawer, worries me. I wonder, is this a living document? Do caregivers read it, refer to it, and use it to apply to their practices every day? Are children benefiting from the plan or is it just something to say the program is “in compliance with licensing standards”?”*

– Child care health consultant

**Young children depend on the adults in their lives to create healthy environments for them.**

Protecting children's health is more than a focus on the prevention of disease or illness. Health also needs to be promoted through attention to the whole child and the child's physical, oral, mental and social health. A high quality FHCC begins with a healthy environment and written policies and practices to maintain them.<sup>1</sup>

Challenges that help children learn and grow are important and should be included in the daily activities. Plan for engaging experiences that offer fun and challenge such as providing a toddler or preschooler the opportunity to walk on a low balance beam or throw a ball into an outdoor basket.

In contrast, the invisible hazards of an unsanitary diaper changing area should be prevented through, for example, the regular use of a bleach solution.

When FHCC providers plan for health and safety, they do their best to eliminate hazards that expose children to serious illness or injury and they

also allow for challenges that fit children's age or development.

**Begin first by taking care of yourself** in order to care for children. FHCC providers need to stay healthy in order to fulfill their role every day as caring adults in the lives of young children. Caregivers who model and teach healthy practices for children also positively impact their families. See Section Two for staff health ideas and policy information.

Research on **best practices**<sup>2</sup> suggests all early childhood education staff should:

- Have an annual physical exam.
- Stay up-to-date with immunizations.
- Get an annual flu shot (if recommended by local and state health authorities).
- Get a substitute for yourself when you have an infectious disease.
- Make it your ethical duty to take care of yourself by monitoring your own stress levels.

*“... The other day I had a maintenance man come to my home. As he stepped into the door, my bell alert went off. He commented what a wonderful asset that would be to his home. He's right—who wouldn't like to know when your front door is opened? We can all use a little more safety in our lives.”*

–Dorothy J. Simons, 5 years' experience, Covington

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<sup>1</sup> NAEYC, 2008

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<sup>2</sup> Caring for Our Children, 2011.



# Topics

In the following section, ways to avoid hazardous practices through implementing current information on health and safety are discussed. This will include a focus on plans and policies for health and controlling infectious disease including first aid, injury prevention, ill child policies, reporting communicable diseases, immunizations, medication management, health records, hand-washing and cleaning. Fire and emergency preparedness and supporting children's nutrition and overall well-being are also detailed in this section.

## HOW WILL I MEET LICENSING STANDARDS?

The areas of health, safety and nutrition policies and practices may feel overwhelming if you are a new FHCC provider. Experienced providers may also be wondering how to meet FHCC standards that require greater attention to written policies.

You should feel more comfortable with the FHCC licensing standards after you read this section and work with others in a Child Care Basics training, in a DEL licensing orientation, or engage in other ongoing health and safety professional development. Professional development is available through Child Care Aware, your local health department, qualified MERIT registered health and safety trainings, or through a health, safety and nutrition course at your local community or technical college. Ask about the Early Achievers Opportunity Grants and other scholarships and financial aid for employed child care providers at your local community or technical college early childhood education program.

## WHAT YOU NEED TO KNOW

The following section will detail what you need to know to understand health, safety and nutrition standards in licensed FHCC. Additionally, this section will explore ways for you to meet this criteria, develop easy-to-use forms, and up-to-date policies to maintain your healthy child care environment. Section Seven continues with more record-keeping, suggested policies and best practices.

## DEVELOP PLANS WITH STAFF OR OTHER FHCC PEERS AFTER LEARNING HEALTH AND SAFETY INFORMATION – SEE ALSO SECTION SIX FOR POLICY INFORMATION

Neither plans nor policies will affect the quality of care in your program unless these plans become living documents. This means policies should be updated each year because health and safety best practice recommendations change. This section will let you know how to stay current with information on health and safety practices. Resources that are available from DEL and local and state health departments are cited throughout sections five and six, and will help you create your policies. Working with your staff or FHCC peers can provide a professional community of support as you develop and update your health and safety plans, which are an integral part of a high-quality child care program.

The more participation you and your staff have in writing your health policies and practices, the more likely it will be that you remember and refer to them frequently. Align your policies with the required health and safety WACs, to remain in compliance with licensing standards. Use local and state public health resources to learn current best practices in health and safety. Be sure to keep the licensing standards and your policies and forms within easy reach, and refer to them often.

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**Once you experience how health and safety is integrated into everything you do, it may become as interesting as planning for children's play and learning experiences!**

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## SENSITIVITY TO DIVERSITY IN LANGUAGE AND CULTURE<sup>3</sup>

As you read about required FHCC licensing standards, remember that you need to seek support in order to provide health and safety information to enrolled children's families or guardians who speak languages other than English. The Seattle and

<sup>3</sup> NAEYC, 2008

King County Public Health - Child Care Health Program has many of the parent forms in this section translated into Chinese, Somali, Spanish and Vietnamese. See, for example [www.kingcounty.gov/healthservices/health/child/childcare/CDletters.aspx](http://www.kingcounty.gov/healthservices/health/child/childcare/CDletters.aspx).

You may also ask your DEL licensor for other health and safety resources they may know of that are translated into languages other than English.

Health and safety issues require listening to families to understand their beliefs. Being sensitive to family values and providing factual information at the same time is an important goal but is also sometimes challenging. Consult your licensor and/or local public health consultant to be supported

in your efforts to partner with families in culturally responsive ways around the topics of health and safety. Quality child care is needed for all children regardless of the child's citizenship, residency status, financial resources, and language differences. Sometimes suggesting that a family talk with their health care provider will be necessary for an assessment and help with any potentially unsafe practices.

**Reflect:** If the definition of culture includes the way of life, values, rules of behavior and social customs of families, how can you respect every family and their culture but also support healthy and safe child care experiences? Here is one example of a note that went home in a FHCC newsletter that seemed to support this worthy goal.

#### OCTOBER NEWSLETTER OF TINA'S FAMILY CHILD CARE

##### **We are interested in learning about being healthy and fit!**

**What do we do?** We exercise and eat healthy foods every day, and we wash our hands after toileting and before and after eating to reduce the spread of infectious diseases. We cough in our elbows or into a tissue (ask your child to show you) and we stay home when we are sick (see parent handbook). We are learning about how our bodies move and grow too!

**Why is it important?** These practices are important because eating too many foods high in sugar and low in nutrition, sitting too much, and not going outside to move and play, has led many children in our country to be less healthy than they could be.

**How can you help us?** Please share things you and your child like to do together when you go outside, and share other ideas for how you enjoy being active with each other and staying healthy.

This provider received many different responses from her families, and she respected all of the responses when she shared them with the children at morning gathering time. She added ideas from Choose My Plate (found at: [www.choosemyplate.gov](http://www.choosemyplate.gov)), and activities from the “I am moving, I am learning” program of the Early Childhood Learning and Knowledge Center/Office of Head Start, described at: <http://eclkc.ohs.acf.hhs.gov/hslc/ttssystem/health/Health/Nutrition/Nutrition%20Program%20Staff/IamMovingIam.htm>.

**Resource:** See culture-related health topics at <http://ethnomed.org>.

## Reflect:

*“Being outside is the best learning experience for any age group. Physical activity, animals, bugs, dirt, grass, and fresh air make everyone happier. We often go for walks.....and just run around in the outdoors.”*

- Sherry Wheeler, FHCC provider, eight years’ experience, Lakebay

Sherry has found a simple and safe way to encourage healthy and fun experiences. The children simply wash their hands after being outdoors. The following responses came from current FHCC providers when asked how they support health, safety and good nutrition in their licensed programs. Which suggestions do you want to do more of or to try? What are your best ideas for a safe and fun FHCC?

*“We have a small enclosed area outside so even in bad weather we can still get fresh air ... I check equipment to make sure everything is tight and secure with pea gravel under equipment.”*

*“Healthy nutrition is a big deal for me. I believe this needs to go WAY BEYOND the minimum food program requirements. It includes:*

- *Encouraging the children to slow down and enjoy their food.*

- *Talking with the children about what they taste, feel, smell etc.*
- *Having the children participate in the preparation of meals and meal planning really helps them feel like the food choices are in their control.*

*“This goes for ALL age groups, making these habits start by setting the example from day one. Physical activity again sets an example..... If you are just sitting in a chair, that’s what the children are going to want to do. I try very hard to participate in all activities with the children and...show them this is a fun choice to make by having fun myself.”*

*“Yoga is a skill that all ages can participate in! My 2-year olds especially love yoga! We learn a new pose and review our old ones. When new children come, we get to teach them, too! Also, routines of nap time and outdoor play support physical activity...I like to have the older children participate in cooking food.”*

*“We talk about nutrition and have a ‘nutrition plate’ that demonstrates the portions of each food group that constitute a healthy diet. We have outside time everyday no matter what the weather and also do music and dance each day. We almost never watch a video unless there is a small portion that relates to one of our topics and then for never more than 5 to 20 minutes.”*

*“Toddlers are exposed to as many healthy foods as possible. I am on the food program so they have the opportunity to at least see and maybe try all the different fruits and vegetables that are offered. Outside time is the best physical time of the day for us, weather permitting. Other than that it is parachute time, duck-duck-goose, dancing, or hop games.”*

## *Responsiveness to children with special health care needs*

Respecting diversity is more than respecting culturally influenced practices. It is also working with families to support children with special health care needs. Examples of common childhood conditions include asthma and allergies.

Children with special health needs may require adaptations to your program and/or your environment which will need to be developed through communication with their family or guardians, and with permission from the family to consult with other professionals (their health care provider and/or public school special educators). If special

training for you or your staff, or reasonable physical modifications to your home such as installing a ramp for a wheelchair, are needed, see Section Four for information about tax credits and/or deductions to support these costs. See WAC [170-296A-0050](#) and the sample health form in this section for information on caring for children with special health needs.

Federal laws (e.g., Americans with Disabilities Act) do not permit discrimination based on disability. Inclusion of children with special health care needs and disabilities in all child care and early childhood educational programs is strongly encouraged. See Section One for a discussion of reasonable accommodations.

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## *What practices does research tell us are very important?*

While it is essential to pay attention to all of the WACs noted in this guide, some health and safety practices should be noted for being especially important to remember.

- Wash hands to be effective in preventing the spread of infectious disease. Wash your hands and the children's hands before and after feedings, after diapering and after playing outside.
- Supervise children and use the most tried and true way to protect them from potentially serious injuries and other types of harm. Get to know the children in your care, repeat clear safety rules, scan and circulate among play experiences, and remove or alter dangerous environmental conditions.
- Diapering and toileting procedures detailed in this section should be given special attention to avoid the spread of infectious diseases such as E. coli.
- Prevent SIDS. It is alarming to know that 20 percent of Sudden Infant Death Syndrome (SIDS) cases occur in child care settings. Learn and follow the recommendations for putting infants on their backs to sleep and other important infant sleep-related protocols.
- Written health policies increase the chance you will maintain a healthy and safe program if you refer to them often and update them annually.
- Gain the ability to handle medical and illness emergencies by staying current with required health and safety trainings and certifications. These include first aid and infant, child and adult CPR training certification and HIV/AIDS and bloodborne pathogen training.
- Food preparation that meets requirements for handling, storage and preparation prevents foodborne illnesses. Obtain your food handler's permit to understand these requirements.
- Vehicle and water safety requires attention to the relevant WACs in this section.
- Communicate with families and guardians every day. Share information and you will gain insights that you might never acquire only through caring for a child. Families are sharing their most important earthly gift—their precious child. Join with them to learn the best way to care and nurture their growing child.

**Read this section to learn all the requirements for health, safety and nutrition in FHCC.**

# Health

When the early years are spent in supportive relationships, adults actively promote social-emotional competence and are facilitating a foundation for a lifetime of resiliency. Every day, FHCC providers are also able to support physical and intellectual growth through healthy choices they make in preparing children's meals, planning activities and interacting with others.

Maintaining a healthy child care begins with a written plan. The required health plan (WAC [170-296A-3200](#)) must include:



- **Communicable disease** procedures and exclusion of ill person (WAC [170-296A-3210](#)).
- **Immunization tracking** (WAC [170-296A-3250](#) through [170-296A-3300](#)).
- **Medication management** (WAC [170-296A-3315](#) through [170-296A-3550](#)).
- **Injury or illness treatment** (WAC [170-296A-3575](#) through [170-296A-3600](#)).
- **Hand-washing and hand sanitizers** (WAC [170-296A-3625](#) through [170-296A-3675](#)).
- **Caring for children with special health needs** (WAC [170-296A-0050](#)).
- **Cleaning, sanitizing, and disinfecting** procedures (WAC [170-296A-3925](#)).
- **A bloodborne pathogen plan** (WAC [170-296A-1850](#)).
- **Notifying the health department when a child is diagnosed with a notifiable condition (required to be reported)** (WAC [170-296A-2325](#)).

In addition, the following WACs have been included in the sample health plan because they logically belong with these health-related WACs and are required by FHCC standards to be put into written policy and/or implemented.

- **First aid kits** (WAC [170-296A-4075](#))
- **Transportation: off-site activity emergency information and supplies** (WAC [170-296A-6450/6475](#))
- **Poisons, chemicals and other substances** (WAC [170-296A-4100](#))

Below you will find an example of one way to put together a health plan. Individual FHCC information is left blank, as are local contact numbers, which you will need to fill in. You may choose to create a health plan that contains the required information in WAC [170-296A-3200](#) in a different format.

The important idea is that you understand what you have written, and that you plan to make a living document that details your actual practices. Using local public health department professionals to review your plan is always a good idea, if they are available to you in your area.

## Resource

The following sample forms and health plan statements are from materials developed by the Child Care Health Program, Public Health - Seattle and King County. Minor wording changes or adaptations were made to remove terms associated with child care centers.



# FAMILY HOME CHILD CARE (FHCC) - HEALTH PLAN (WAC [170-296A-3200](#))

<b>FHCC Name/Location/ Contact information</b>	
<b>Emergency telephone numbers and information sources</b>	
<b>EMERGENCY</b>  Fire/Police/Ambulance: 911  _____	Report Child Abuse or Neglect 1-866-END-HARM, (1-866-363-4276)  For more information go to: <a href="http://www.dshs.wa.gov/ca/safety/abuserreport.asp">www.dshs.wa.gov/ca/safety/abuserreport.asp</a>  Local Children's Administration Intake Phone No.: _____
<b>Poison Center:</b> 1-800-222-1222  <b>Animal Control:</b> _____	Out-of-area emergency contact: _____
<b>Other important resources</b>	<b>Contact information</b>
<b>DEL licensor</b> _____ _____	<b>Phone/email:</b> _____ _____
<b>Communicable disease/ immunization hotline</b> (recorded) _____  <b>Communicable disease report line</b> _____ _____	<b>Local health department phone:</b> _____
<b>The following is a description of our health and safety practices.</b>	
• Our policy was prepared by:	• Our plan is accessible to staff and parents and is located:

**More information on current notifiable conditions /communicable diseases, see:**

[www.doh.wa.gov/PublicHealthandHealthcareProviders/NotifiableConditions/HowToReport.aspx](http://www.doh.wa.gov/PublicHealthandHealthcareProviders/NotifiableConditions/HowToReport.aspx)

We use the parent or guardian Authorization for Emergency Medical /Dental Care at:

[http://nrckids.org/CFOC3/PDFVersion/PDF\\_Color/CFOC3\\_KK.pdf](http://nrckids.org/CFOC3/PDFVersion/PDF_Color/CFOC3_KK.pdf)

(Caring for Our Children, 2011, Appendix KK, p. 502).

# PROCEDURES FOR INJURY TREATMENT AND MEDICAL EMERGENCIES

(See: Injury treatment under WAC [170-296A-3575](#) through [170-296A-3600](#))

1. Child is assessed and appropriate supplies are obtained.
2. If further information is needed, staff trained in first aid refer to the \_\_\_\_\_ (name of guide) located \_\_\_\_\_ (where).
3. First aid is administered. Non-porous gloves (nitrile, vinyl or latex\*) are used if blood is present. If injury/medical emergency is life-threatening, one staff person stays with the injured/ill child and administers appropriate first aid, while another staff person calls 911. If only one staff member is present, person assesses for breathing and circulation, administers CPR for one minute if necessary, and then calls 911.
4. Staff call parent/guardian or designated emergency contact if necessary. For major injuries/medical emergencies, a staff person stays with the injured/ill child until a parent/guardian or emergency contact arrives, including during transport to a hospital.
5. Staff record the injury/medical emergency on \_\_\_\_\_ (name of report form(s) for minor and/or major injuries), which is/are kept \_\_\_\_\_ (where).

The report includes:

- Date, time, place and cause of the injury/medical emergency (if known)
- Treatment provided
- Name(s) of staff providing treatment
- Persons contacted

A copy is given to the parent/guardian the same day and a copy is placed in the child's file. For major injuries/medical emergencies, parent/guardian signs for receipt of the report and a copy is sent to the licensor no later than the day after the incident.

6. An injury is also recorded on the injury log, which is located \_\_\_\_\_ (where). The entry will include the child's name, staff involved, and a brief description of incident. We maintain confidentiality of this log by \_\_\_\_\_.
7. The child care licensor is called immediately for serious injuries/incidents which require medical attention.

**Injuries that require first aid only:** When a child has an injury that requires first aid only, you must give a written or verbal notice to the child's parent or guardian and keep a record of the notice on file (WAC [170-296A-3575](#)). The following are samples of possible logs and parent/guardian reports to use.

Injury log for FHCC records - keep on file					
Date and time	Child's full name	Injury or incident	Where?	Action taken	Staff involved

Illness log for FHCC records – keep on file					
Date and time	Child's full name	Injury or incident	Where?	Action taken	Staff involved

Injury or illness report for parent/guardian	
Child's full name:	Date of injury or illness:
Description of injury/incident/illness. Include location, circumstances.	Time of injury/onset of illness:
First aid and/or care given:	Other treatment:
Supervising adult signature/date:	Parent/guardian signature/date

## FIRST AID KITS (WAC [170-296A-4075](#))

Our first aid kits are inaccessible to children and located in the licensed space (location):

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### Each of our first aid kits contains all of the following:

<ul style="list-style-type: none"> <li>• Current first aid manual</li> <li>• Sterile gauze pads (different sizes)</li> <li>• Small scissors</li> <li>• Adhesive tape</li> <li>• Disposable nonporous protective gloves</li> <li>• Tweezers for surface splinters</li> </ul>	<ul style="list-style-type: none"> <li>• Adhesive bandages (different sizes)</li> <li>• Adhesive tape</li> <li>• Elastic wrapping bandage</li> <li>• Roller bandages (gauze)</li> <li>• A sling or large triangular bandage</li> </ul>	<ul style="list-style-type: none"> <li>• Ice packs</li> <li>• Mercury-free thermometer used with a disposable sleeve OR sanitized after each use OR single-use thermometer disposed after use</li> </ul>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Our first aid kits **do not** contain medications, medicated wipes, or medical treatments/equipment which would require written permission from parent/guardian or special training to administer.

## OFF-SITE ACTIVITY EMERGENCY INFORMATION AND SUPPLIES (WAC [170-296A-6450/6475](#))

### Travel emergency supplies and first aid kit

Our emergency supplies and first aid kit is located in any vehicle used to transport children in care (location):

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We also follow these procedures when transporting children in care:

- **Bring child's file**, including copies of completed consent for emergency treatment and emergency contact forms, medical records and immunization records.
- **Bring permission** to administer medications and each child's required medication or emergency medication, list of child allergies, if applicable.
- **Bring medication** administration log and medication management procedures.
- **Notify parents** and bring fees charged, if any.

## OFF-SITE FIELD TRIP TRANSPORTATION PLAN (WAC [170-296A-2450](#))

We will notify parents and will obtain written permission before any off site activities with:

- Individual permission for activities occurring less than once a month.
- On file permissions for more frequent scheduled activities that occur more than once a month.
- We take a cell phone or change for phone calls. You may contact us when we are on an off-site activity by calling\_\_\_\_\_.

Our plan for transporting children is (check if applies): \_\_\_\_\_ in our vehicle(s).

- If we transport children in our vehicle, we will keep the vehicle in safe operating condition, and any staff driving will have a valid driver's license.
- We will have current vehicle insurance that covers the driver, the children and all occupants.
- We require that you provide your child's car seat (Check if applies)\_\_\_\_\_.
- We follow RCW 46.61.687 and all other applicable laws regarding child restraints and car seats.

Off-site supervision of children: We will take attendance each time children get in or out of a vehicle, never leave children alone in a vehicle, and will have or exceed the required staff-to-child ratio on outings.



## POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN (WAC [170-296A-3210](#))

Children, staff or household members with any of the following symptoms are not permitted to remain in the licensed child care:

1. **Fever** of at least 100°F or higher measured orally, or higher measured under the armpit (axially), only when accompanied by one or more of the following:
  - Diarrhea or vomiting
  - Earache
  - Headache
  - Signs of irritability or confusion
  - Sore throat
  - Rash
  - Fatigue that limits participation in daily activities

**No rectal or ear temperatures are taken. Digital thermometers are used.**

2. **Vomiting:** two or more occasions within the past 24 hours.
3. **Diarrhea:** three or more watery stools within the past 24 hours or any bloody stool.
4. **Rash, not associated with heat, diapering or an allergic reaction.**
5. **Eye discharge or conjunctivitis (pinkeye)** until clear or until 24 hours of antibiotic treatment.
6. **Sick appearance, not feeling well, and/or not able to keep up with program activities.**
7. **Open or oozing sores,** unless properly covered and 24 hours has passed since starting antibiotic treatment, if antibiotic treatment is necessary.
8. **Head lice:** until no nits are present.
9. **Scabies:** until after treatment is begun.

Following illness, children, staff or household members may be readmitted to the licensed child care when all the above symptoms are gone and/or exclusion guidelines for child care are met. Children, staff or household members with any of the above symptoms/conditions must be separated from the group. **In cases of diarrhea or vomiting, the best practice is to exclude for at least 24 hours after the last episode.**

Parents/guardians or emergency contacts are notified to pick up an ill child. We notify parents and guardians when their children may have been exposed to a communicable disease or condition (other than the common cold) and provide them with information about that disease or condition. We notify parents and guardians of possible exposure by \_\_\_\_\_ (letter, posted notice, or other means). Individual child confidentiality is maintained. In order to keep track of contagious illnesses an Illness Log is kept.

## CONTAGIOUS DISEASE REPORTING

### (WAC [170-296A-3210](#) AND WAC [170-296A-2325](#))

Communicable diseases can spread quickly in child care settings. Because some of these diseases can be very serious in children, licensed child care providers in Washington are required to notify their local Public Health Office or the Washington State Department of

Health (DOH) within 24 hours of when they learn that a child, household member or staff person has been diagnosed with one of the communicable diseases listed below. DEL and the parents or guardians of each of the children in care also must be notified.

We report the following conditions to the local Public Health Office at:

- 
- Find a list of contagious diseases as defined by DOH in WAC [246-110-010](#).
  - See the Washington State Department of Health for the most current and complete list of notifiable conditions at: <http://www.doh.wa.gov/PublicHealthandHealthcareProviders/NotifiableConditions/ListofNotifiableConditions.aspx>.
  - Before readmitting the household member, staff person or child back into the licensed child care space, the health plan must be followed. See policy for excluding ill children.
  - Even though a disease does not require a report, our local Public Health department encourages us to call if we have questions about any childhood illness or disease prevention.

# IMMUNIZATIONS

## (SEE: IMMUNIZATION TRACKING UNDER WAC [170-296A-3250](#) THROUGH [170-296A-3300](#))

To protect all children and staff, each child has a completed and signed Certificate of Immunization Status (CIS) on site. The official CIS form or a copy of both sides of that form is required. (Other forms/printouts are not accepted in place of the CIS form.) The CIS form is returned to the parent/guardian when the child leaves the program. Children are required to have immunizations as determined and published by the Washington State Department of Health (DOH). Current immunization information and schedules are available at [www.doh.wa.gov/cfh/Immunize/schools](http://www.doh.wa.gov/cfh/Immunize/schools).

Children may attend child care without an immunization if the parent/guardian completes:

- A DOH medical exemption form signed by a health care professional, or
- A DOH form or similar statement signed by the child's parent or guardian expressing a religious, philosophical or personal objection to immunization.

**A current list of exempted children is maintained at all times.** Children who are not immunized may not be accepted for care during an outbreak of a vaccine-preventable disease. This is for the protection of the unimmunized child and to reduce the spread of the disease. This determination will be made by Public Health's Communicable Disease and Epidemiology division.

## MEDICATION MANAGEMENT

### (WAC [170-296A-3315](#) THROUGH [170-296A-3550](#))

1. Medication is accepted only in its original container, labeled with child's name.
2. Medication is not accepted if it is expired.
3. Medication is given only with prior written consent of a child's parent/legal guardian. This consent on the medication authorization form includes all of the following (completed by parent/guardian):
  - Child's name.
  - Name of the medication.
  - Reason for the medication.
  - Dosage.
  - Method of administration.
  - Frequency: medication cannot be given "as needed." Consent must specify time at which and/or symptoms for which medication should be given. In the case of a chronic condition, a special care plan must be in place.
  - Duration (start and stop dates).
  - Special storage requirements.
  - Any possible side effects (from package insert or pharmacist's written information), and
  - Any special instructions.

### PARENT /GUARDIAN CONSENT\*

1. A parent/legal guardian may provide the sole consent for a medication, (without the consent of a health care provider), **if and only if the medication meets all of the following criteria:**
  - **The medication is over-the-counter and is one of the following:**
    - Antihistamine
    - Non-aspirin fever reducer/pain reliever
    - Non-narcotic cough suppressant
    - Decongestant
    - Ointment or lotion intended specifically to relieve itching or dry skin
    - Diaper ointment or non-talc powder intended for use in diaper area.
    - Sunscreen for children over six (6) months of age **and**
  - **The medication has instructions and dosage recommendations for the child's age and weight and**
  - **The medication duration, dosage, amount, and frequency specified on consent do not exceed label recommendations.**
2. Written consent for medications covers only the course of illness or specific episode (of teething, etc.).
3. Written consent for chronic medications, sunscreen and diaper ointment are valid up to six months.

**Please note:** As with all medications, label directions must be followed. Most diaper ointment labels indicate that rashes that are not resolved, or reoccur, within five to seven days should be evaluated by a health care provider.

**Medication authorization forms are available at** [www.kingcounty.gov/health/childcare](http://www.kingcounty.gov/health/childcare).

## HEALTH CARE PROVIDER CONSENT

1. The written consent of a health care provider with prescriptive authority is required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, iron, supplements, oral rehydration solutions, fluoride, herbal remedies, and teething gels and tablets).
2. Medication is added to a child's food or liquid **only** with the **written consent of health care provider**.
3. A licensed health care provider's consent is accepted in one of three ways:
  - The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, frequency [cannot be given "as needed"], duration, and expiration date), *or*
  - The provider signs a note or prescription that includes the information required on the pharmacist's label, *or*
  - The provider signs a completed medication authorization form.

**Sedating a child prohibited** (WAC [170-296A-3450](#)): A child in care must not be given any medication for the purpose of sedating a child unless the medication has been prescribed for that purpose by a qualified health care professional and prescribed for the child receiving the medication.

**Parent/guardian instructions are required to be consistent with any prescription or instructions from a health care provider.**

## MEDICATION STORAGE

**Medications must be maintained as directed on the medication label including refrigeration, if applicable.**

1. Medication is stored: \_\_\_\_\_ (where).

Children's medications must be:

- Inaccessible to children but available for emergency use to meet the individual's needs. This includes:
  - Any medication used to treat an allergic reaction.
  - Nebulizer medication.
  - Inhaler.
  - Bee sting kit.
  - Seizure medication.
  - Other medication needed for emergencies.
- Stored in a locked container or cabinet. This includes:

- Nonprescription medications including vitamins, pain relievers, cough syrup, cold or flu medications.
  - Prescription medications which are topical or ingestible, inhaled or by injection.
  - Pet medications of all types.
  - Hand sanitizers when not in use.
  - Topical nonprescription medications
- Separate from staff medication.
  - Protected from sources of contamination.
  - Away from heat, light, and sources of moisture.
  - At a temperature specified on the label (i.e., at room temperature or refrigerated).
  - Stored so that internal (oral) and external (topical) medications are away from each other.
  - Separate from food.
  - In a sanitary and orderly manner.
2. Rescue medication (e.g., EpiPen® or inhaler) is stored: \_\_\_\_\_ (where).  
(Location of rescue medications should be consistent in all classrooms.)
3. Controlled substances (e.g., ADHD medication) are stored in a locked container \_\_\_\_\_ (where). Controlled substances are counted and documented with a controlled substance form.

**CONTROLLED SUBSTANCES IN CHILD CARE**

(For example: ADHD medication)

Child's name: _____			Diagnosis: _____		
Medication: _____			Date received: _____		
Amount received: _____			Refrigeration required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Start date: _____			Stop date: _____		
Amount returned to parent/guardian: _____			Date returned: _____		
Date	Time	Starting Amount Or Quantity	Amount/ Quantity Given	Signature 1	Signature 2



4. Medications no longer being used should be promptly returned to parents/guardians or discarded in trash inaccessible to children, or in accordance with current hazardous waste recommendations. (Medications are not disposed of in sink or toilet.)
5. Staff medication is stored \_\_\_\_\_ (where), out of reach of children. Staff medication is clearly labeled as such.

## EMERGENCY SUPPLY OF CRITICAL MEDICATIONS

For children's critical medications, including those taken at home, we ask for a three-day supply to be stored on site along with our disaster supplies. Staff are also encouraged to supply the same. Critical medications – to be used only in an emergency when a child has not been picked up by a parent, guardian, or emergency contact – are stored \_\_\_\_\_ (where), medication is kept current (not expired).

## STAFF ADMINISTRATION AND DOCUMENTATION

1. Medication is administered by \_\_\_\_\_ (whom).
2. Staff members who administer medication to children are trained in medication procedure and center policy by \_\_\_\_\_ (director or designee). A record of the training is kept in staff files.
3. The parent/guardian of each child requiring medication involving special procedures (e.g., nebulizer, inhaler, EpiPen®) trains staff on those procedures. A record of trained staff is maintained on/with the medication authorization form.
4. Staff giving medication are required to document the time, date and dosage of the medication given on the child's medication authorization form. Each staff member signs her/his initials each time a medication is given and her/his full signature once at the bottom of the page.
5. Any observed side effects are documented by staff on the child's medication authorization form and reported to parent/guardian. Notification is documented.
6. If a medication is not given, a written explanation is provided on authorization form.
7. Outdated medication authorization forms are promptly removed from medication binder/clipboard and placed in child's file.
8. All information related to medication authorization and documentation is considered confidential and is stored out of general view.

## MEDICATION ADMINISTRATION PROCEDURE

The following procedure is followed each time a medication is administered:

1. **Wash hands** before preparing medications.
2. Carefully read all relevant instructions, including labels on medications, noting
  - Child's name.
  - Name of the medication.
  - Reason for the medication.

- Dosage.
- Method of administration.
- Frequency.
- Duration (start and stop dates).
- Any possible side effects, and
- Any special instructions.

**Information on the label must be consistent with the individual medication form.**

3. Prepare medication on a clean surface away from diapering or toileting areas.
  - Do not add medication to child's bottle/cup or food without health care provider's written consent.
  - For liquid medications, use clean medication spoons, syringes, droppers or medicine cups with measurements provided by the parent/guardian (not table service spoons).
  - For capsules/pills, measure medication into a paper cup.
  - For bulk medication\*, dispense in a sanitary manner.
4. Administer medication.
5. **Wash hands** after administering medication.
6. Observe the child for side effects of medication and document on the child's medication authorization form.

\*We ☐ do not use bulk medication.

☐ use the following bulk medication:

☐ diaper ointment

☐ sunscreen

A medication authorization form is completed for each child receiving bulk medication.

## SELF-ADMINISTRATION BY CHILD

A school-aged child is allowed to administer his/her own medication when the above requirements are met **and**:

7. A written statement from the child's health care provider and parent/legal guardian is obtained, indicating the child is capable of self-medication without assistance.
8. The child's medications and supplies are inaccessible to other children.
9. Staff supervise and document each self-administration.

## THREE DAY - CRITICAL MEDICATION - AUTHORIZATION FORM

(These medications are to be used only in case of disaster requiring the child to remain at care past the usual hours.)

Child's Name:	Date of Birth/Age:
Name of Medication:	Reason for Medication:
Date:	Date to be replaced/rotated*: Expiration date of medication:
<input type="checkbox"/> Scheduled Times to be given:	Amount to be given:
<input type="checkbox"/> Medication is to be given as needed for the following symptoms:	
Possible Side Effects:	<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Other
<input type="checkbox"/> Above information consistent with label:	Requires Refrigeration <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Instructions:	

\* Maximum six months – sooner as needed

\_\_\_\_\_  
Parent/guardian signature\*\* Date

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Physician signature (required) Date

\_\_\_\_\_  
Physician phone number

**\*\* Please be sure to inform program if child's health status/medication changes.**

## HANDWASHING (WAC [170-296A-3625](#) through [170-296A-3675](#))

**Soap, warm water** (between 85°F and 120°F), **and individual towels are available for staff and children at all sinks, at all times.** All staff wash hands with soap and water:

- Upon arrival at the site and when leaving at the end of the day.
  - Before and after handling foods, cooking activities, eating or serving food.
  - After toileting self or children.
  - Before, during (with wet wipe-this step only), and after diaper changing.
  - After handling or coming in contact with body fluids such as mucus, blood, saliva or urine.
  - Before and after giving medication.
  - After attending to an ill child.
  - After smoking.
  - After being outdoors.
  - After feeding, cleaning, or touching pets/ animals.
  - After giving first aid.
- Rub hands in a wringing motion from wrists to fingertips for a period of not less than 20 seconds.
  - Rinse hands thoroughly.
  - Dry hands using a paper towel.
  - Use hand-drying towel to turn off water faucet(s) and open any door knob/latch before discarding.
  - Apply lotion, if desired, to protect the integrity of skin.

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**It is recommended that hand sanitizer be kept out of the direct reach of children and only used in situations (such as outdoor play) when hand-washing facilities are not immediately available. Hand sanitizer is not used as a substitute for hand-washing but as a stop-gap measure until hand-washing facilities are once again available.**

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### MAKE HEALTHY PRACTICES FUN!

Children will put these hand-washing ideas into practice when you make hand-washing fun and even make it a part of your curriculum. Many local health departments have free Glo Germ kits that you can borrow for instruction on proper hand-washing. Children can see the places they missed glowing under a black light! See the Glo Germ “experiment” on this free online video at [www.youtube.com/watch?v=BfRVZsPbDJA](http://www.youtube.com/watch?v=BfRVZsPbDJA). Another way to stress hand-washing is to sing several verses of a favorite song while washing hands to give the child enough time to remove the germs. Finally a favorite book for this purpose is *Those Mean Nasty Dirty Downright Disgusting But...Invisible Germs* by Judith Rice. Available from Red Leaf Press [www.redleafpress.org](http://www.redleafpress.org), or check your local library.

**Resource: Coalition for Safety and Health in Early Learning (CSHEL)**, at [www.cshel.org](http://www.cshel.org), highlights best practice suggestions for child care on health and safety issues, nutrition, physical activity and screen time. See the monthly newsletters with tips for healthy activities to do with children.

**Children** are assisted or supervised in hand-washing:

- Upon arrival at the site and when leaving at the end of the day.
- Before and after meals and snacks or cooking activities (in hand-washing sink, not in food prep sink).
- After toileting or diapering.
- After handling or coming in contact with body fluids such as mucus, blood, saliva or urine.
- After outdoor play.
- After touching animals.
- Before and after water table play.

### Hand-washing procedure

The following hand-washing procedure is followed:

- Turn on water and adjust temperature.
- Wet hands and apply a liberal amount of soap.

## CARING FOR CHILDREN WITH SPECIAL HEALTH NEEDS (WAC [170-296A-0050](#))

We are committed to meeting the needs of all children. This includes children with special health care needs such as asthma and allergies, as well as children with emotional or behavior issues or chronic illness and disability. Inclusion of children with special needs enriches the child care experience and benefits all staff, families, and children.

1. Confidentiality is assured with all families and staff in our program.
2. All families will be treated with dignity and with respect for their individual needs and/or differences.
3. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
4. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we may consult with a public health nurse and other agencies/organizations as needed.
5. An individual plan of care is developed for each child with a special health care need. The plan of care includes information and instructions for:
  - Daily care.
  - Potential emergency situations.
  - Care during and after a disaster.

Completed plans are requested from health care provider \_\_\_\_\_ (how often; every six months – one year max. recommended) or more often as needed for changes. Plans are reviewed, initialed, and dated \_\_\_\_\_ (how often; monthly recommended) by parent/guardian. \_\_\_\_\_ (who) is responsible for ensuring care plans are kept updated. Children with special needs are not present without plan on site.

6. All staff receive general training on working with children with special needs and updated training on specific special needs that are encountered in their home care centers or classrooms.
7. Teachers, cooks, and other staff will be oriented to any special needs or diet restrictions by \_\_\_\_\_ (whom).

We track enrolled children's special health care needs plans and seek continuous communication with parents or guardians. We may request permission to also communicate with other involved health professionals if needed.

Special Health Care Needs Plan Tracking						
Child's full name	Detail of health care special need	Date of care plan	Dates of care plan updates			

# CLEANING, SANITIZING, AND LAUNDERING PROCEDURES (WAC [170-296A-3925](#))

**Cleaning, sanitizing, and disinfecting procedures** are required on most surfaces in child care facilities, including tables, counters, toys, diaper changing areas, etc. This ensures a clean and sanitary environment that protects children and adults from illness by helping to prevent the spread of germs.

Sanitizing or disinfecting solutions should either be bleach (household bleach, not industrial bleach) and water (see procedure for the correct formula) or a product that meets the Environmental Protection Agency's (EPA's) standard for hospital grade or for hospital use. Follow the manufacturer's instructions including concentration, contact time, and rinsing. If used for food contact surfaces and items that may be put in children's mouths, the label must state that the product is safe for such use.

**Clean** or **cleaning** means to **remove dirt and debris** (such as soil, food, blood, urine or feces) by scrubbing and washing with a soap or detergent solution and rinsing with water. Cleaning is the first step in the process of sanitizing or disinfecting a surface item.

**Sanitizer** is a product that **reduces germs** on surfaces to levels considered safe. This is used for food contact surfaces (dishes, utensils, cutting boards, high chair trays), toys that children may place in their mouths, and pacifiers.

**Disinfectant** is a product that **destroys or inactivates germs** on an object. A disinfectant is used for diaper change tables, counter tops, door and cabinet handles, and toilets and other bathroom surfaces.

Area of home or item	Clean	Sanitize and disinfect	Frequency
Kitchen countertops/tabletops, floors, doorknobs, and cabinet handles.	X	<b>SANITIZE</b>	Daily or more often when soiled.
Food preparation surfaces.	X	<b>SANITIZE</b>	Before/after contact with food activity; between preparation of raw and cooked foods.
Carpets and large area rugs/small rugs	X		(a) Vacuum daily.  (b) Installed carpet - Clean yearly or more often when soiled.  (c) Small rugs - Shake outdoors or vacuum daily. Launder weekly or more often when soiled.
		<b>SANITIZE</b>	(d) Removable rugs - May be used in the bathroom. They must be easily removable and able to be washed when needed. Launder and sanitize weekly or more often when soiled.

Utensils, surfaces/toys that go in the mouth or have been in contact with other body fluids.	X	<b>SANITIZE</b>	After each child's use; may use disposable, one-time utensils.
Toys that are not contaminated with body fluids and machine-washable cloth toys; Dress-up clothes (not worn on the head or come into contact with the head while dressing); Combs/hairbrushes –(should not be shared among children).	X	<b>SANITIZE</b>	Weekly or more often when visibly soiled.
Bedding, blankets, sleeping bags, individual sheets, pillowcases (if used).	X	<b>SANITIZE</b>	Weekly or more often when soiled.  Items that are put in the washing machine must be cleaned by using laundry detergent and sanitized by temperature (hot or warm water cycle) or chlorine bleach.
Wash cloths or single use towels.	X	<b>SANITIZE</b>	After each use.
Hats and helmets.	X		After each child's use or use disposable hats that only one child wears.
Cribs and crib mattresses.	X	<b>SANITIZE</b>	Weekly, before use by different child, and more often whenever soiled or wet.
Hand-washing sinks, faucets surrounding counters, soap dispensers, doorknobs.	X	<b>DISINFECT</b>	Daily or more often when soiled.
Toilet seats, toilet training rings, toilet handles, door-knobs or cubicle handles, floors.	X	<b>DISINFECT</b>	Daily or immediately if visibly soiled.
Toilet bowls	X	<b>DISINFECT</b>	Daily or more often as needed (e.g., child vomits or has explosive diarrhea, etc.).
Changing tables, potty chairs (use of potty chairs in child care is discouraged because of the high risk of contamination).	X	<b>DISINFECT</b>	After each child's use.
Waste receptacles.	X		Daily or more often as needed.



**Storage:** Our cleaning and sanitizing supplies are stored in a safe manner \_\_\_\_\_ (where).

All such chemicals are:

- Inaccessible to children,
- In their original container,
- Separate from food and food areas,
- In a place that is ventilated to the outside,
- Kept apart from other incompatible chemicals (*e.g., bleach and ammonia create a toxic gas when mixed*), **and**
- In a secured cabinet, to avoid a potential chemical spill in an earthquake.

**Cleaning:** We use the following product for cleaning surfaces: \_\_\_\_\_

(recommended: a few drops of liquid dish detergent added to spray bottle of water), then wipe surface with a \_\_\_\_\_ (paper towel or single-use cloth).

**Rinsing:** We use the following method for rinsing: \_\_\_\_\_  
 \_\_\_\_\_ (recommended: spray bottle of clear water, sprayed and wiped with paper towel or single-use cloth).

**Sanitizing:** We use the following product for sanitizing surfaces: \_\_\_\_\_  
 (recommended: bleach and water solution), then wipe surface with a \_\_\_\_\_  
 \_\_\_\_\_ (paper towel or single-use cloth). Contact time for bleach is two minutes – it must be left on surface for two minutes in order to be fully effective.  
 (Contact time for other products may be longer.)

Cleaning and disinfecting spray bottles for diaper changing areas are prepared \_\_\_\_\_  
 \_\_\_\_\_ (where). (To prevent contamination from occurring, these spray bottles should not be prepared or used in kitchen or other food-contact area.) Bleach solutions\* are prepared and used as outlined below:

<b>Solution for classrooms:</b>	<b>Amount of bleach</b>	<b>Amount of water</b>	<b>Contact time</b>
General areas and body fluids**	1 tablespoon	1 quart	2 minutes
	¼ cup	1 gallon	
Diapering areas and bathrooms**	1 tablespoon	1 quart	2 minutes
	¼ cup	1 gallon	
<b>Solution for kitchen:</b>	<b>Amount of bleach</b>	<b>Amount of water</b>	<b>Contact time</b>
Kitchen and dishes/utensils	¼ teaspoon	1 quart	2 minutes
	1 teaspoon	1 gallon	

*\*\* To avoid cross-contamination, 2 sets of bottles are used in the classroom: one set for general areas (including tables) and one set for disinfecting diaper changing/bathrooms.*

Bleach solution is applied to surfaces that have been cleaned and rinsed.

Bleach solution is allowed to remain on surface for at least two (2) minutes or air dried.

Bleach solutions are made up daily by \_\_\_\_\_ (whom), using measuring equipment. For those handling full-strength bleach, we supply protective gear, including gloves and eye protection, as per manufacturer's instructions.

**\* See ALTERNATE CLEANING/SANITIZING/DISINFECTING CHEMICALS if other chemicals are used for cleaning/sanitizing/disinfecting.**

## CLEANING, SANITIZING OR DISINFECTING SPECIFIC AREAS AND ITEMS

- ☐ We do all of our own cleaning and sanitizing.
- ☐ We have a janitorial service for cleaning the following: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_.

### Bathrooms

- Sinks and counters are cleaned, rinsed, and disinfected daily or more often if necessary.
- Toilets are cleaned, rinsed, and disinfected daily or more often if necessary. Toilet seats are monitored and kept sanitary throughout the day.

### Cribs, cots, and mats

- Cribs, cots, and mats are washed, rinsed, and sanitized weekly, before use by a different child, after a child has been ill, and as needed.

### Door handles

- Door handles are cleaned, rinsed, and sanitized daily, or more often when children or staff members are ill.

### Drinking Fountains

- Any drinking fountains are cleaned, rinsed, and sanitized daily or as needed.

### Floors

- Solid-surface floors are swept, washed, rinsed, and sanitized often. While children are napping on mats or cots, mopping is done with water or detergent and water only.

- Carpets and rugs in all areas are vacuumed daily and steam-cleaned at least once per calendar year or as necessary. Carpets are not vacuumed when children are present (*due to noise and dust*).

### Furniture

- Upholstered furniture is vacuumed daily. Removable cushions and covers are washed every month or as necessary. Non-removable upholstery is professionally steam-cleaned every six months or as necessary.
- Painted furniture is kept free of paint chips. No bare wood is exposed; paint is touched up as necessary. (*Bare wood cannot be adequately cleaned and sanitized.*)

### Garbage

- Garbage cans are lined with disposable bags and are emptied when full.
- Diaper cans are additionally emptied when odor is present in the child care space of the home.
- Outside surfaces of garbage cans are cleaned, rinsed, and sanitized daily. Inside surfaces of garbage cans are cleaned, rinsed, and sanitized as needed.

*(Diaper and food-waste cans must have tight-fitting lids and be hands-free. Garbage cans for paper towels must be hands-free; that is, lid-free or with a pedal-operated lid.)*

### Infant equipment

- Infant saucers, seats, and swings are cleaned and sanitized and laundered (as appropriate) weekly and as needed.

### Kitchen

- Kitchen counters and sinks are cleaned, rinsed, and sanitized every day before and after preparing food.
- Equipment (such as blenders, can openers, and cutting boards) is washed, rinsed, and sanitized after each use.

### Laundry

- Cloths used for cleaning or rinsing are laundered after each use.
- Bibs and burp cloths are laundered when wet or soiled and between uses by different children.
- ☐ Child care laundry is done on site. Laundry is washed at a temperature of at least 140°F or with bleach added during rinse cycle (measured amount as per manufacturer's instructions).
- ☐ Child care laundry is done by a commercial service.
- ☐ Child care laundry is done at a laundromat.

### Mops

- Mops are cleaned, rinsed, and sanitized in a utility sink, then air dried in an area with ventilation to the outside and inaccessible to children.

### Tables and highchairs

- Tables and highchair trays are cleaned, rinsed, and sanitized before and after snacks or meals.
- Highchairs are cleaned, rinsed, and sanitized daily and as necessary.

### Toys

- **Only washable toys are used.**
- Mouthed toys are placed in a plastic "mouthed toy" container after use by each child. Mouthed toys are then cleaned, rinsed, and sanitized before use by a different child. Toys are washed, rinsed, and sanitized either in a full wash and dry cycle in the dishwasher or by the use of buckets, sinks, or spray bottles containing liquid detergent and water, rinse water, and bleach solution.
- Cloth toys and dress-up clothes are washed weekly (or as necessary) with 140°F water. Dress-up clothes are laundered and stored during an outbreak of lice or scabies.
- Other toys are washed, rinsed, and sanitized weekly (or more often as necessary) as described above for "mouthed toys."

### Water Tables

- Water tables are emptied and cleaned, rinsed, and sanitized after each use, or more often as necessary.
- Children wash hands before and after water table play.

### Other

### Note

- General cleaning of the entire facility is done as needed.
- There are no strong odors of cleaning products in our facility.
- Air fresheners and room deodorizers are not used.

**Carpets** (WAC [170-296A-3700](#)): Installed carpet in the licensed space must be cleaned at least once each calendar year or more often when soiled, using a carpet shampoo machine, steam cleaner, or dry carpet cleaner.

## ALTERNATE CLEANING/SANITIZING/DISINFECTING CHEMICALS

The nationwide standard for sanitizing in child care is a bleach and water solution.

**Note: If you choose to use bleach and water, as detailed in the preceding “cleaning, sanitizing, and disinfecting procedures,” you do not need to complete the following:**

All sanitizing products other than bleach must be approved by the Department of Early Learning for use in child care. Products must be used according to label instructions. (Complete the following for each product used.)

- Product name: \_\_\_\_\_  
\_\_\_\_\_
- Product is used to ☐ clean ☐ sanitize the following: \_\_\_\_\_  
\_\_\_\_\_
- Product is labeled for use on food contact surfaces (if used in kitchens or food preparation areas, on tables or highchair trays, for infant and toddler toys, or in infant and toddler areas).
- The contact time required for sanitizing/disinfecting is \_\_\_\_\_  
\_\_\_\_\_ (Product must remain wet on surface for this amount of time.)
- Rinsing after use \_\_\_\_\_ (is/is not) required.
- Other manufacturer instructions: \_\_\_\_\_  
\_\_\_\_\_
- This product was approved by \_\_\_\_\_
- From the Department of Early Learning on \_\_\_\_\_

*“The need for safety is on-going every minute of the day. I try to anticipate what children may be curious about. We post signs about closing gates, keep chemicals closed and locked away from anywhere children are, and have safe equipment for all ages to explore. The most important thing I can tell you is to know your children’s abilities, and keep them engaged! Be observant!”*

– Marie Keller, 16 years’ experience, Everett

## BLOOD/BODY FLUID CONTACT OR EXPOSURE

### A bloodborne pathogen plan (WAC [170-296A-1850](#))

Even healthy people can spread infection through direct contact with body fluids. Body fluids include blood, urine, stool (feces), drool, vomit, drainage from sores/rashes (pus), etc. Any of the body fluids could potentially be infected with contagious disease. **Nonporous gloves are always used when blood or wound drainage is present.** To limit risk associated with potentially infectious blood/body fluids, the following precautions are always taken:

1. Any open cuts or sores on children or staff are kept covered.
2. Whenever a child or staff comes into contact with any body fluids, the exposed area is washed immediately with soap and warm water, rinsed, and dried with paper towels.
3. All surfaces in contact with body fluids are cleaned immediately with detergent and water, rinsed, and sanitized with an agent such as bleach in the concentration used for disinfecting body fluids (1/4 cup bleach per gallon of water or one tablespoon per quart).
4. Gloves and paper towels or other material used to wipe up body fluids are put in a plastic bag, tied closed, and placed in a covered waste container. Any brushes, brooms, dustpans, mops, etc. used to clean up body fluids are washed with detergent, rinsed, and soaked in a disinfecting solution for at least two minutes and air-dried. Machine washable items, such as mop heads, are washed with hot water and detergent in the washing machine. All items are hung off the floor or ground to dry. Equipment used for cleaning is stored safely out of children's reach in an area ventilated to the outside.
5. A child's clothes soiled with body fluids are put into a closed plastic bag and sent home with the child's parent/guardian. A change of clothing is available for children in care, as well as for staff.
6. Hands are always washed after handling soiled laundry or equipment, and after removing gloves.

**Blood contact or exposure:** When a staff person or child comes into contact with blood (e.g. staff provides first aid for a child who is bleeding) or is exposed to blood (e.g. blood from one person enters the cut or mucous membrane of another person), the staff person informs \_\_\_\_\_ (assigned person) immediately.

## POISONS, CHEMICALS AND OTHER SUBSTANCES (WAC [170-296A-4100](#))

To comply with FHCC standards regarding poison, chemicals, and other substances, we store poisons out of the reach of children and where poisons will not contaminate food.

If poisons are not in the original container, we clearly label the container with the name of the product and the words “poison” or “toxic.”

The following describes chemicals and other substances that we store where they are inaccessible to children:

- Nail polish remover
- Sanitizers and disinfectants.
- Household cleaners and detergents.
- Toxic plants.
- Plant fertilizer.
- Ice melt products.
- Pool chemicals.
- Pesticides or insecticides.
- Fuels, oil, lighter fluid, or solvents.
- Matches or lighters.
- Air freshener or aerosols.
- Personal grooming products including, but not limited to:
  - Lotions, creams, toothpaste, or diaper creams when not in use.
  - Liquid, powder, or cream personal hygiene products.
  - Shampoo, conditioners, hair gels or hair sprays.
  - Bubble bath or bath additives.
  - Makeup or cosmetics.
  - Dish soap, dishwasher soap or additives.
  - Tobacco products, including cigarette/cigar butts and contents of ashtrays.
  - Alcohol, open or unopened.

**Pest control (WAC [170-296A-3950](#)):** We will take action to remove or eliminate pests. Where possible, we will use nonchemical methods of control instead of chemical controls, or if chemical pesticides are used, then we must

- Not spray pesticides when children are present. Wipe down surfaces that have been sprayed and air out rooms before allowing children to use sprayed areas.
- Place and store rodent poison or insect baits inaccessible to children.
- Post a notice visible to parents and guardians of children in care 48 hours in advance of the application of pesticides, except when pesticides must be used to control pests that may pose an immediate risk to children’s health or safety.

**Lead, asbestos, arsenic and other hazards (WAC [170-296A-4000](#)):** You must take action to prevent child exposure when you become aware that any of the following are present in the indoor or outdoor licensed space:

- Lead-based paint.
- Plumbing containing lead or lead solders.
- Asbestos.
- Arsenic or lead in the soil or drinking water.
- Toxic mold.
- Other identified toxins or hazards.

**Drugs and alcohol (WAC [170-296A-4025](#)):** The licensee, staff, volunteers, or household members must not, or allow others to:

- Have or use illegal drugs on the premises.
- Consume alcohol during operating hours.
- Be under the influence of alcohol, illegal drugs or misused prescription drugs when working with or in the presence of children in care.

You must keep and store all alcohol, including closed and open containers, where it is inaccessible to children.

**No smoking (WAC 170-296A-4050):** As required by chapter 70.160 RCW, you will, under the following conditions, prohibit smoking by anyone during operating hours:

- Inside the home.
- In any outdoor or indoor licensed space.
- Within 25 feet from any entrance, exit, window, or ventilation intake of the home.
- In motor vehicles while transporting children.

You must keep tobacco products, cigarettes and containers holding cigarette butts, cigar butts, or ashes inaccessible to the children.

**Reflect:** The preceding health policies are important to create for your specific child care program, your home environment,

location and for the ages of children that you will serve. Now check your understanding of one aspect of these policies with the following activity:

**Stop the spread of infectious diseases:**

There are four major ways to prevent the spread of infectious disease. Transmission is most common through (1) the air, (2) fecal-oral contact, (3) blood and bodily fluids and (4) skin to skin contact.<sup>4</sup>

**Reflect:** Does your health policy and the way you train your staff address the following best practice ideas? Do you and your staff understand the policies and what can you do to increase the chance you will use and refer to them? Who can help you revise your policy if you need support (for example: local public health nurse, DEL licensor, Child Care Aware training, etc.)?

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<sup>4</sup> (Caring for Our Children, 2011, p. 297. Retrieve from: [http://nrckids.org/CFOC3/PDFVersion/PDF\\_Color/CFOC3\\_ch7.pdf](http://nrckids.org/CFOC3/PDFVersion/PDF_Color/CFOC3_ch7.pdf))

## Infectious disease is most commonly spread through:

1. **Air:** Reduce the spread of respiratory disease by washing hands and coughing into your arm, not into your hand. Stay home if you are feeling ill or have a cold. Avoid touching your eyes, nose and mouth when visiting an early learning program or interacting in public.
2. **Fecal-oral:** Prevent the possible spread of E-coli, hepatitis A or gastroenteritis by washing hands and following appropriate diapering protocol (if working with children who are not toilet trained). Avoid putting personal possessions on or near a diapering or toileting area.
3. **Blood and body fluids:** You should have had bloodborne pathogen training if you are the licensee or staff in a FHCC. Required training, for example, will help you know how to avoid the spread of possible hepatitis B and HIV/AIDS.
4. **Skin to skin:** Head lice is an example. Keeping coats and hats separate is one way to prevent the spread of lice. Direct skin contact or contact with contaminated bedding or clothes may spread lice, ringworm, scabies, impetigo, herpes simplex virus or chickenpox.



# Fire and Emergency Preparedness

**Building codes (WAC 170-296A-2525):** Your single-family home used for licensed FHCC is considered a group R (residential), division 3 occupancy structure by the state building code adoption of the international residential code.

**Requesting local fire department visit (WAC 170-296A-2550):** You must request the local fire department to visit your home to become familiar with the facility and to assist in planning evacuation or emergency procedures.

**The Request for Fire Department Visit form** is available at:

[www.del.wa.gov/publications/licensing](http://www.del.wa.gov/publications/licensing)

See: *Family Home Provider Forms*



The form is titled "Request for Fire Department Visit" and is part of the "Early Learning" section. It includes fields for "Child's Name", "Address", "City", "State", "Zip", "Phone", and "Email". There are checkboxes for "Fire Department", "Fire Marshal", and "Fire Inspector". The form also has a section for "Fire Department Visit" with checkboxes for "Visit", "Training", and "Inspection". At the bottom, there is a section for "Fire Department Visit" with checkboxes for "Visit", "Training", and "Inspection".



If the local fire department does not provide this service, the licensee must have written documentation on file that the request was made.

**Combustible and flammable materials (WAC 170-296A-2575):** You must not allow combustible materials (including, but not limited to, lint, rags soaked in grease, oils, or solvent) to accumulate. Remove those items from the building or store them in a closed metal container. Store items labeled "flammable," in areas that are inaccessible to children and away from exits.

**Furnaces and other heating devices (WAC [170-296A-2600](#)):** You must keep paper, trash, or combustible materials at least three feet away from any furnace, fireplace, or other heating device. In addition:

- A furnace must be inaccessible to the children, isolated, enclosed or protected.
- Any appliance or heating device that has a hot surface capable of burning a child must be made inaccessible to the children in care during operating hours when the appliance or device is in use or is still hot after use.

**Electrical motors (WAC [170-296A-2625](#)):** Keep electrical motors on appliances free of accumulated dust or lint.

**Inspection of fireplaces, wood stoves, or similar wood-burning heating devices (WAC [170-296A-2650](#)):** Any chimney, fireplace, wood stove or similar wood-burning device in use in the licensed home must be inspected yearly, unless the licensee provides a written statement that the chimney, fireplace, wood stove or similar wood-burning device will not be used at any time.

**Open flame devices, candles, matches and lighters (WAC [170-296A-2675](#)):** Except as provided in WAC [170-296A-2650](#) or kitchen ranges using natural gas or propane, you must not use or allow the use of:

- Open flame devices in the licensed space or any space accessible to the children during operating hours.
- Candles during operating hours.



Also, keep matches and lighters inaccessible to children.



**Emergency flashlight (WAC [170-296A-2700](#)):** You must have a working flashlight available for use as an emergency light source and extra batteries if the flashlight is powered by batteries.



**Portable heaters and generators (WAC [170-296A-2725](#)):** You must not use or allow the use of portable heaters or fuel powered generators in any area **inside** of the family home child care or building during operating hours. When a portable fuel-powered generator is in use, **it must be outside and:**

- The generator must be placed at least 15 feet from buildings, windows, doors, ventilation intakes, or other places where exhaust fumes may be vented into the home.
- Appliances must be plugged directly into the generator or to a heavy duty outdoor-rated extension cord that is plugged into the generator.

**House numbers (WAC [170-296A-2750](#)):** Place house numbers or address where the numbers are legible and plainly visible from the street or road in front of the premises.



**Telephone (WAC [170-296A-2775](#)):** The licensee must have a working telephone in the licensed space. The telephone should be readily available with sufficient backup power to function for at least five hours in the event of an electrical power outage.

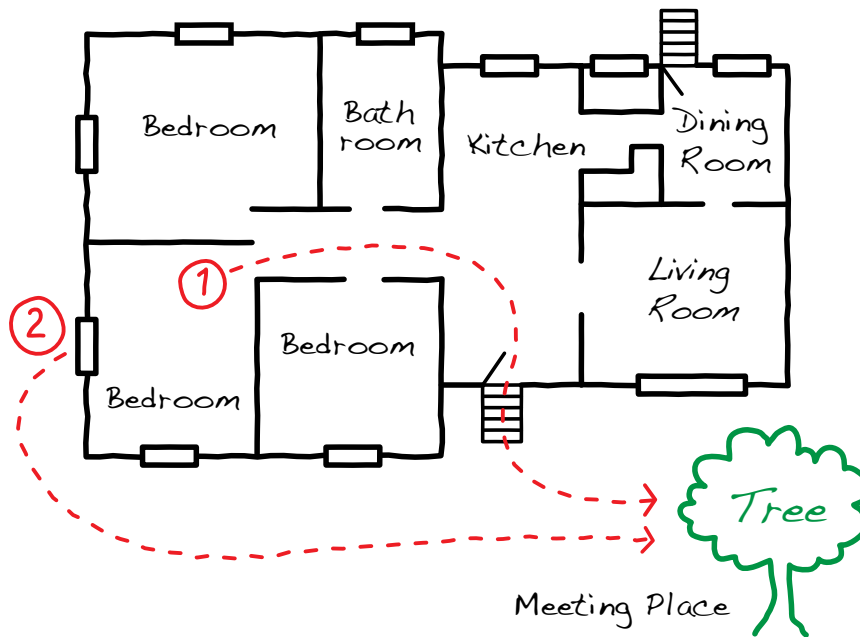
**Access for emergency vehicles (WAC [170-296A-2800](#)):** The FHCC must be accessible to emergency vehicles.



**Fire evacuation plan (WAC [170-296A-2825](#)):** If there is a fire in the home during child care operating hours, your first responsibility is to evacuate the children in care to a safe place outside the home. A written fire evacuation plan must be posted in a place that is clearly visible to the staff, parents and guardians. The evacuation plan must be evaluated annually and updated as needed.

## FIRE EVACUATION PLAN

Evacuation floor plans are posted in the FHCC licensed space and identify emergency exit pathways, emergency exit doors, and emergency exit windows. Include the following information:



- Method(s) to be used for sounding an alarm are: \_\_\_\_\_.
- Actions to be taken by the person discovering the fire are: \_\_\_\_\_.
- We will evacuate all children, especially children who cannot walk by: \_\_\_\_\_.
- We will call 911 after evacuating the children.
- We will account for all of the children in attendance by: \_\_\_\_\_.
- We will gather away from the building pending arrival of the fire department or emergency response (where) \_\_\_\_\_.
- We will inform parents or guardians and arrange pick up of children if needed.

The following is a sample required disaster plan that is reviewed annually and updated as needed. A sample written disaster plan, with blank areas for you to complete, is as follows:

## DISASTER PLAN AND PREPAREDNESS (WAC [170-296A-2850](#))

**Plan and Training:** Our FHCC has developed a disaster preparedness plan/policy. Our plan includes responses to the different disasters our site is vulnerable to, as well as procedures for on-and off-site evacuation and shelter-in-place. Evacuation routes are posted in the FHCC.

Our disaster preparedness plan/policy is located \_\_\_\_\_ (where).

Staff are oriented to our disaster policy \_\_\_\_\_ (when/how often; at least annually). Parents/guardians are oriented to this plan \_\_\_\_\_ (when/how).

Staff are trained in the use of fire extinguishers \_\_\_\_\_ (when, by whom).

The following staff persons are trained in utility control (how to turn off gas, electric, water):

\_\_\_\_\_

Disaster and earthquake preparation and training are documented.

**Supplies:** Our FHCC has a supply of food and water for children and staff for at least 72 hours, in case parents/guardians are unable to pick up children at usual time. Expiration dates of food, water, and supplies are checked \_\_\_\_\_ (how often) and supplies are rotated accordingly. Essential medications and medical supplies are also kept on hand for individuals needing them.

**Hazard mitigation:** We have taken action to make our FHCC earthquake/disaster-safe. Bookshelves, tall furniture, refrigerators and other potential hazards are secured to wall studs. We continuously monitor all rooms and offices for anything that could fall and hurt someone or block an exit – and take action to correct these things. All staff members are expected to be aware of their environment and make changes as necessary to increase safety.

We will evacuate children, especially those who cannot walk by:

When evacuating the children, we will take:

- A first aid kit.
- Child medication records.
- Individual children's medication, if applicable.

We plan to go to:

\_\_\_\_\_

We will account for all of the children in attendance by:

\_\_\_\_\_

We will follow earthquake procedures including:

- During an earthquake we will:

---

- We will account for all of the children in attendance by:

---

- After an earthquake, we will assess whether the licensed space is safe for the children by:

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Lockdown of the facility or shelter-in-place, means to remain inside the FHCC when police or an official emergency response agency notifies the licensee or primary staff person in charge that it is unsafe to leave the facility or be outdoors during an emergency situation. During a “lockdown” we will keep:

- Doors and windows secured if needed.
- Children safely inside the facility.
- Parents and guardians informed AFTER the emergency situation is over.

**Drills:** Fire drills are conducted and documented each month. Disaster drills are conducted \_\_\_\_\_ (how often; quarterly at a minimum – monthly recommended).

**Please see also:** THREE-DAY CRITICAL MEDICATION AUTHORIZATION FORM and DISASTER DRILL RECORD.

Cynthia Johansen, Whatcom Community College Early Childhood Education instructor, suggests adults engage children in understanding why it is important for the group to practice emergency drills. She suggests, “*Children who’ve never experienced an earthquake may have trouble understanding what it is. Teachers can gently shake a dollhouse to illustrate how structures move and objects fall.*” In this way children will begin to understand the “why” of practicing stop, drop and cover.

Cathie Robertson (2010), author of *Safety, Health and Nutrition in Early Education* suggests early childhood teachers should be prepared for disasters in order to protect children’s safety. Prepare for the need to evacuate in the event of fire. Also prepare to stay in the home or move to a shelter-in-place in the event of an earthquake or an area-wide lockdown because of an intruder in the area with a gun.

What should you prepare for? Consider which disasters are the most likely to occur in your area. The American Red Cross lists typical disasters by area at [www.redcross.org](http://www.redcross.org), or go to the FEMA website at [www.fema.gov](http://www.fema.gov).

See [www.ready.gov/know-facts](http://www.ready.gov/know-facts) to get an overview of what to do in each of the most common disasters (earthquake, fire, flooding, tsunami, hurricane, terrorism or violence in area). Also see Section Six of this guide for more ideas on disaster planning.

Let’s Get Ready! Planning Together for Emergencies is a video to help young children learn why adults create plans to prepare to be safe during emergencies. See: [www.sesamestreet.org/parents/topicsandactivities/toolkits/ready](http://www.sesamestreet.org/parents/topicsandactivities/toolkits/ready)

FHCC DRILL RECORD	
Date of drill:	Time of drill:
Brief description of drill:	
Objectives:	
Evaluation:	
Changes to be made:	

**Fire, disaster training for staff and volunteers (WAC [170-296A-2875](#)):** Provide fire, evacuation and disaster training for all staff and volunteers when the individual is first employed and at least once each calendar year. The training must include:

- All elements of the fire, evacuation and disaster plans.
- Operation of the fire extinguishers.
- How to test the smoke detectors and, if required, test carbon monoxide detectors and replace detector batteries.
- Staff responsibilities in the event of a fire or disaster.
- Documentation in the staff's or volunteer's personnel file.

**Emergency drills (WAC [170-296A-2900](#)):** Practice emergency drills with the children as follows:

- Fire/evacuation drill: Once each calendar month.
- Earthquake drill: Once every three calendar months.
- Lockdown/shelter-in-place drill: Once annually.

**Record of emergency drills (WAC [170-296A-2925](#)):** You must keep records of emergency drills performed, and post the records as required in WAC [170-296A-2175](#). Records must include:

- The date and time the drill took place.
- Staff who participated.
- Number of children who participated.
- Length of drill.
- Notes about how the drill went and improvements, if any, that need to be made.

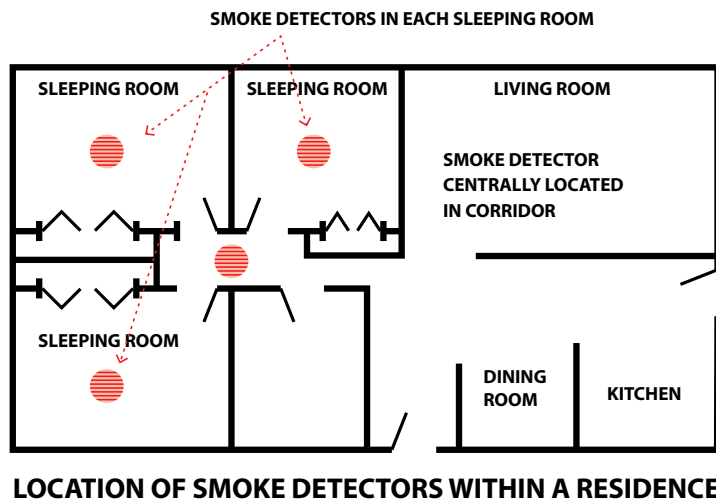


**Smoke and carbon monoxide detectors (WAC 170-296A-2950):** You must have and maintain working smoke detectors in the home. At least one smoke detector must be located:

- In each licensed sleeping area.
- On each level of the home.

Smoke detectors must be placed on the ceiling or wall, but not on the wall above any door.

To comply with RCW [19.27.530](#) and WAC [51-51-0315](#), if the licensee's home was built on or after July 1, 2010, a working carbon monoxide detector must be installed in each area licensed for sleeping or napping. The licensee may use combination smoke/carbon monoxide detectors. One extra battery for each smoke detector and each carbon monoxide detector must be kept on the premises.



*Smoke detector*



*Carbon monoxide detector*

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**Carbon monoxide is known as the silent killer** because it is a colorless, odorless, tasteless, invisible gas. Inhalation of carbon monoxide causes headache, dizziness, weakness, confusion, nausea, unconsciousness, and death. Exposure to as little as 0.2 percent of carbon monoxide can result in unconsciousness within 30 minutes.

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**Additional method to sound an alarm (WAC 170-296A-2975):** In addition to working smoke detectors, you must have an additional method to sound an alarm that is used only in a fire, emergency situation or drill.



**Fire extinguishers (WAC 170-296A-3000):** You must have working fire extinguishers, minimum 2A: 10BC, readily available. A fire extinguisher must be:

- Located on each level of the home used for child care.
- Mounted
  - Within 75 feet of an exit.
  - Along the path of an exit.

A fire extinguisher may be mounted in a closed, unlocked closet. There must be:

- A sign on the closet door to indicate that a fire extinguisher is mounted inside.
- No obstructions blocking access to the closet.



You must document and keep on file records of annual

- Fire extinguisher maintenance or proof of purchasing new extinguishers.

**Fire extinguisher, smoke/carbon monoxide detector use and testing (WAC**

**170-296A-3025):** You and your staff must demonstrate to the licenser how to:

- Use fire extinguishers.
- Test and operate the smoke detectors.
- Test and operate carbon monoxide detectors if required under WAC 170-296A-2950.
- Test alternate alarm device(s).



**Monthly fire inspection (WAC 170-296A-3050):**

Inspect your FHCC once each calendar month to identify possible fire hazards and take action to eliminate any hazards found. If you employ a primary staff person, the primary staff person must participate in monthly fire hazard inspections. Keep records of monthly inspections.





# Food and Nutrition

Healthy meals and snacks are important for growing bodies and minds. Nutritious foods in a warm and inviting atmosphere may support children to have positive attitudes toward eating. This is also a time to include foods that are both healthy and reflect the cultures and preferences of the enrolled children.

A current concern by health professionals is the increasing levels of obesity among even young children. Enjoy active play with the children in your program and gather new ideas from [www.letsmove.gov](http://www.letsmove.gov).

Refer to [www.cdc.gov/obesity/childhood](http://www.cdc.gov/obesity/childhood) for more information. As an early childhood professional, you can model healthy habits, adequate physical activity and an enjoyment of time spent together during meals and snacks.

The Washington State Child and Adult Care Food Program (CACFP) will support you to serve nutritious food to your enrolled children. Joining the CACFP food program will save you money and offer you nutrition information and guidance to allow your program to meet nutrition, menu planning and food safety requirements for FHCC.

The Office of Superintendent of Public Instruction (OSPI) is the Washington agency that administers the CACFP program. For more information about CACFP, go to: visit [www.k12.wa.us/ChildNutrition/Programs/CACFP/default.aspx](http://www.k12.wa.us/ChildNutrition/Programs/CACFP/default.aspx). Click on “Family Day Care Home Sponsors” to find your local support and training resources. You may also call 360.725.6000 for more information.



*“Baking bread is great...! Each child can assist. Even babies can have a bit of sugar and flour sifted over toes! Cooking meets a multitude of skill levels, learning/teaching, self-help, fine motor, receptive/expressive language, numbers/math, letters/reading, social/behavioral skills...(and is) multi-sensory...!”*

- Diane Conom, 15 years' experience in FHCC, Edmonds

**Food must meet USDA guidelines (WAC 170-296A-7500):** You may require families to bring their child's meals with them each day. If you provide the meals and snacks, the food must meet requirements according to the current edition of the U.S. Department of Agriculture (USDA) - Child and Adult Care Food Program (CACFP) charts for developmental and individual needs of children in the licensee's care. Specific daily meal and snack patterns with sample menus are found in the Family Day Care Home Manual Child and Adult Care Food Program on the OSPI website at [www.k12.wa.us/ChildNutrition/FDCHmanual.aspx](http://www.k12.wa.us/ChildNutrition/FDCHmanual.aspx).

**Parent or guardian-provided food (WAC 170-296A-7525):** A parent or guardian may provide alternative food for their child if a written food plan is completed and signed by the parent or guardian and the licensee. As noted above, you may require parents to bring their own food. Your policies must reflect this program requirement.

A written food plan is not required for infant formula, breast milk or baby food supplied by the child's parent or guardian. A written food plan may include accommodations for

- The child's medical needs.
- Special diets.
- Religious or cultural preference.
- Family preference.

Supplement the food provided by the parent or guardian with foods listed in the USDA CACFP requirements if the food provided by the parent or guardian does not meet the nutritional needs of the child. See also the USDA Child and Adult Care Food Program at [www.fns.usda.gov/cnd/care/Homes.htm](http://www.fns.usda.gov/cnd/care/Homes.htm). If you choose to sign up for this program, you will learn more detailed information such as the following:

Infants	Children age 1 year and older
Give only breast milk or iron fortified infant formula for children under six months of age without supplemental foods. Give no fruit juice of any type before one year of age. Gradually increase solid foods beginning no earlier than four to six months of age.	Meals and snacks should include a variety of fruits, vegetables and whole grains. Snacks should be low in solid fats, added sugars, trans fats, and salt.
For the current CACFP meal patterns, go to a food program training or see: <a href="http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal_Patterns.htm">www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal_Patterns.htm</a>	

*“I work closely with the parents to introduce new foods and textures for each infant, being sensitive to their individual reactions and sharing information with their parents about changes and reactions.”*

– Glenna Seely, 30 years' experience, Spokane

## Reflect

Nutrition activities and simple recipes that adults can do **with** rather than only **for** children engage children in making good food choices. Make healthy eating just another part of learning about the world all around us! Be sure to let parents know in advance and attend to any allergies or food restrictions. Check to be sure all foods fit the ages and individual needs of the children. Here are some suggestions:

1. **Have tasting parties for children ages 3 and up.** Focus on a particular type of food: vegetables, fruits, grains, cheese, or other foods that are age appropriate. Bring in a variety of a particular type of food and let children taste. Refer to a map to point out where the food was grown. Talk about how the different foods are used by various peoples for a variety of meals, snacks and other purposes.
2. **Make healthy smoothies:** Bananas, strawberries, low-fat yogurt and milk make a tasty and nutritious snack. Let the children take turns adding ingredients. Then blend. Enjoy!
3. **Roasted vegetables are fun to try** and are especially good in the fall and winter when root vegetables are abundant. Try carrots, potatoes, parsnips, onions or other root vegetables of your choice. You could also add green beans, broccoli, hunks of corn on the cob, sweet potato, or ask for ideas from the parents in your program.  
  
Wash and chop vegetables. Spread in single layer in cookie sheet. Drizzle with olive oil and a little salt-free seasoning. Bake at 425 degrees for 20-25 minutes or until tender, stirring once or twice during cooking.
4. **4) Veggie bowls:** Cut a sweet pepper in half (red, yellow, orange, or green). Clean out the insides. Pour in a little low-fat ranch dressing. Cut the other half into skinny strips. Serve in a veggie bowl along with carrot and celery sticks. These are portable snacks. Eat outside on a blanket under a tree on a nice day.

## Food safety<sup>5</sup>

**“When in doubt, throw it out!”** is classic advice when wondering if food is safe to serve. Foodborne illness is common and the Center for Disease Control (CDC) and Prevention estimates 1 in 6 people get sick from food each year. How might you avoid problems and plan for nutritious food for all ages you care for? Obtain your food handlers permit, also referred to as a food workers card or food safety training. All Washington state local health departments offer this training. For example, see the Seattle and King County information and then go to your local health department for more information on specific times and locations of training:

[www.kingcounty.gov/healthservices/health/ehs/foodsafety/FoodWorker/FoodTraining.aspx](http://www.kingcounty.gov/healthservices/health/ehs/foodsafety/FoodWorker/FoodTraining.aspx)

**Be sure your meals and snacks** meet the developmental and individual needs of children by taking the **CACFP training**.

### **Food handler permits (WAC [170-296A-7675](#)):**

New license applicants must obtain a current state food handler permit prior to being licensed. Also:

- By March 31, 2013, every licensee must obtain and maintain a current state food handler permit.
- When the licensee is not present, one staff person with a current state food handler permit must be present whenever food is prepared or served to children in care.
- The licensee and staff require current state food handler permits if they will be preparing or supervising the preparation of food served to children in care.
- Keep a copy of each individual's food handler permit on file.

### **Safe food handling (WAC [170-296A-7680](#)):**

You must follow the safe food storage, preparation, cooking, holding proper temperature, and serving guidelines in the current edition of the food workers manual prepared by DOH. Wash your hands as

<sup>5</sup> Aronson, 2012, pp. 34-62.



required under WAC [170-296A-3675](#) and do not prepare food when ill with vomiting or diarrhea.

**Washing dishes (WAC [170-296A-7700](#)):** Wash dishes thoroughly after each use by one of the following methods

- Automatic dishwasher, using the sanitizing cycle, if available.
- Hand-washing method, by emersion in hot soapy water, rinse, sanitize and air dry.

If a bleach solution is used to sanitize, the solution must be three-quarters of a teaspoon of chlorine bleach to one gallon of cool water.

If another sanitizer product is used, it must be labeled as approved for food contact surfaces and be used strictly according to manufacturer's label instructions including, but not limited to, quantity used, time the product must be left in place, and adequate time to allow the product to dry.

**Food containers and utensils (WAC [170-296A-7725](#)):** You must not use or allow cookware containers to be used to cook or reheat food in a microwave oven, unless the container is labeled by the manufacturer as "for microwave use," "microwave safe," or similar labeling. In addition:

- You may use disposable serving containers, dishes and utensils that are sturdy, used only once and thrown away after use.
- You must keep sharp utensils and other utensils that may cause serious injury or a choking hazard inaccessible to children when the utensils are not in use.
- You must not serve food to infants or toddlers using polystyrene foam (styrofoam) cups, bowls and plates.

**Food preparation area (WAC [170-296A-7750](#)):** You must clean and sanitize food preparation and eating surfaces before and after use. The licensee's food preparation area must:

- Have surfaces that are free of cracks and crevices.

- Have a floor area made of a material that is resistant to moisture.

You must not allow pets in the food preparation area while food is being prepared or served. You may use the kitchen for other child care activities provided there is continual supervision of the children.

The following safety tips and issues are important to remember. . You can help prevent choking by avoiding giving certain foods to young children. Ninety percent of all fatal choking episodes occur in children under the age of 4. Do not give children under age 4 hard, small, thick and sticky, smooth or dense foods such as:

- |                 |                              |
|-----------------|------------------------------|
| ▪ Hot dogs      | ▪ Peanuts                    |
| ▪ Candy         | ▪ Popcorn                    |
| ▪ Nuts          | ▪ Rice cakes                 |
| ▪ Seeds         | ▪ Marshmallows               |
| ▪ Raw peas      | ▪ Spoonfuls of peanut butter |
| ▪ Hard pretzels | ▪ Raw meat or fish           |
| ▪ Chips         |                              |

Do not allow children to run or lie down while eating. Sit with them and enjoy a pleasant meal while encouraging safe eating habits.

Some foods are only dangerous at certain ages or for certain children. Honey, even in small amounts or as an ingredient, can cause botulism in children less than 12 months of age.

Ask families periodically if their child has any known food allergies. Be alert to symptoms of new potential allergies. Some common foods that children may be allergic to are peanuts, eggs, cow's milk, wheat, fish, shellfish, citrus fruits and berries.

Be aware of rashes, diarrhea, vomiting, irritability or breathing problems. Allergic reactions may occur soon after eating or even smelling a food, but they can also be delayed.

For this reason, having a clear record of all snack and meal plans in order to report accurately to



parents what a child has eaten is essential. See the remainder of this section for emergency and other nutrition plan requirements. Some children with food intolerances (such as the fairly common intolerance to lactose in milk) may be allowed to have a small amount of that food. Always check with parents first and never assume what the child is able to eat.

#### **Home-canned foods (WAC 170-296A-7550)**

may not be served due to the risk of botulism poisoning. Fresh and frozen foods are preferred to canned.

Store foods at temperatures that prevent spoiling. Your refrigerator should have a thermometer in it so you can check to be sure it is 40 degrees F or lower. The freezer or freezer section should be 0 degrees F. Use sealed containers for unrefrigerated foods.

Keep all nonfood items away or stored separately from food items. Have a system of inventory so that you know when you bought a food item. The USDA site has food storage tips at [www.usda.gov](http://www.usda.gov).

**Drinking water (WAC 170-296A-7575):** You must supply safe drinking water for the children in care. Drinking water must be served in a safe and sanitary manner and be available throughout the day. See WAC 170-296A-1400 for water testing requirements for a family home child care that receives its drinking water from a private well and water system.

**Serving milk (WAC 170-296A-7600):** Serve milk according to the ages of the children in care. You are responsible to serve:

- Breast milk or formula to children from birth to 12 months of age. The parent or guardian may request that breast milk or formula be served to their child after the child turns 12 months of age.
- Whole pasteurized milk to children from 12 to 24 months of age if the child is ready to be served whole milk.
- Pasteurized milk or pasteurized milk product to children older than 24 months.

Variations on WAC 170-296A-7600 require a written statement from the child's health provider.

#### **Meal and snack schedule (WAC 170-296A-7625):**

Offer meals and snacks to the children in care at intervals of at least two hours apart and no more than three hours unless the child is asleep. You must offer a snack to children arriving from school.

**Serving foods (WAC 170-296A-7650):** You may

- Serve each child individually or
- Serve family style in serving containers that allow each child the opportunity to serve themselves.

You must:

- Stir and test for safe temperature any heated food before serving.
- Closely supervise all children when eating.
- Not force or shame a child to eat or try any food.
- Not punish a child for refusing to try or eat foods.
- Serve meals in a safe and sanitary manner.
- Be respectful of each child's cultural food practices.
- Sit with children during meals when possible.

A helpful resource for food safety is Partnership for Food Safety Education - <http://www.fightbac.org>.

**Resource:** The following sample child care nutrition plan statements are from materials developed by the Child Care Health Program, Public Health for Seattle and King County. Minor wording changes were made to remove terms associated with child care centers because these practices are recommended for licensed Family Child Care Home providers.

## Serving Food

**Check one:** ☐ We prepare meals and snacks.

☐ We prepare only snacks.

1. **Food handler permits** are required for staff who prepare full meals and are encouraged for all staff. An "in charge" person with a food handler permit is onsite during all hours of operation, to assure that all food safety steps are followed.
2. **Orientation and training** in safe food handling is given to all staff. Documentation is posted \_\_\_\_\_ (where; in the kitchen area and/or in staff files).
3. **Ill staff or children** do not prepare or handle food. Staff may not work with food if they have:
  - Diarrhea, vomiting or jaundice.
  - Diagnosed infections that can be spread through food such as Salmonella, Shigella, E. coli or hepatitis A.
  - Infected, uncovered wounds.
  - Continual sneezing, coughing or runny nose.
4. **Do not change diapers** or clean toilets during food preparation.
5. **Staff wash hands** with soap and warm running water prior to food preparation and service in a designated hand-washing sink – never in a food preparation sink.
6. **Gloves are worn or utensils are used** for direct contact with food. (No bare hand contact with ready-to-eat food is allowed.) Gloves must also be worn if the food preparation person is wearing fingernail polish or has artificial nails. It is recommended that staff keep fingernails trimmed to a short length for easy cleaning because long fingernails are known to harbor bacteria.
7. **Staff preparing food** shall keep their hair out of food by using some method of restraining hair (for example, use hair restraints include hairnets, hats, barrettes, ponytail holders and tight braids).
8. **Refrigerators and freezers** have thermometers placed in the warmest section (usually the door). Thermometers stay at or below 40 degrees F in the refrigerator and 0 degrees F in the freezer.
9. **Microwave ovens**, if used to reheat food, are used with special care. Food is heated to 165 degrees, stirred during heating, and allowed to cool at least two minutes before serving. Due to the additional staff time required, and potential for burns from hot spots, use of microwave ovens is not recommended.
10. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
11. **Cleaning and sanitizing** of the kitchen is done according to the Cleaning, Sanitizing and Laundering section of this policy.
12. **Dishwashing** complies with safety practices:
  - Hand dishwashing is done with three sinks or basins (wash, rinse, sanitize).
  - Dishwashers have a high temperature sanitizing rinse (140°F residential or 160°F commercial) or chemical sanitizer.
13. **Cutting boards** are washed, rinsed, and sanitized between each use. No wooden cutting boards are used.
14. **Food prep sink** is not used for general purposes or post-toilet/post-diapering hand-washing.
15. **Kitchen counters, sinks, and faucets** are washed, rinsed, and sanitized before food production.
16. **Tabletops** where children eat are washed, rinsed, and sanitized before and after every meal and snack.
17. **Thawing frozen food:** frozen food is thawed in the refrigerator for one or two days before the food is on the menu, or under cold running water. Food may be thawed during the cooking process if the item weighs less than three pounds. If cooking frozen foods, plan for the extra time needed to cook the food to the proper temperature. Microwave ovens cannot be used for cooking meats, but may be used to cook vegetables.
18. **Food is cooked to the correct internal temperature:**

Ground Beef 155°F	Fish 145°F
Pork 145°F	Poultry 165°F

19. **Holding hot food:** Hot food is held at 140 degrees F or above until served.
20. **Holding cold food:** Food requiring refrigeration is held at 40°F or less.
21. **A digital thermometer** is used to test the temperature of foods as indicated above, and to ensure foods are served to children at a safe temperature.
22. **Cooling foods** is done by one of the following methods:

- Shallow pan method: Place food in shallow containers (metal pans are best) two inches deep or less, on the top shelf of the refrigerator. Leave uncovered and then either put the pan into the refrigerator immediately or into an ice bath or freezer (stirring occasionally).
- Size reduction method: Cut cooked meat into pieces no more than 4 inches thick.

Foods are covered once they have cooled to a temperature of 40 degrees F or lower.

23. **Leftover foods** are cooled, covered, dated, and stored in the refrigerator or freezer. Leftover food is refrigerated immediately and is not allowed to cool on the counter.
24. **Reheating foods:** foods are reheated to at least 165 degrees F in 30 minutes or less.
25. **Check one:** ☐ We do not use catered foods.  
☐ We use **catered foods** and
- The temperature of catered food provided by a caterer or satellite kitchen is checked with a digital thermometer upon arrival. Foods that need to be kept cool must arrive at a temperature of 41°F or below. Foods that need to be kept hot must arrive at a temperature of 140°F or above. **Foods that do not meet these criteria are deemed unsafe and are returned to the caterer.**
  - Documentation of daily temperatures of food is kept \_\_\_\_\_  
 (where). The initials or name of the person accepting the food are recorded \_\_\_\_\_ (where).

- A permanent copy of the menu (including any changes made or food returned) is kept for at least six months \_\_\_\_\_ (where).
- A copy of the caterer's contract or operating permit is kept \_\_\_\_\_ (where).

We keep "back up" food available to serve, should the food arrive out of the proper temperature range.

26. **Food substitutions**, due to allergies or special diets and authorized by a licensed health care provider, are provided within reason by the FHCC.
27. When children are involved in cooking projects, our FHCC assures safety by
- Closely supervising children.
  - Ensuring all children and staff involved wash their hands thoroughly.
  - Planning developmentally-appropriate cooking activities (for example- no sharp knives).
  - Following all food safety guidelines.
28. Perishable items in sack lunches are refrigerated upon arrival at the FHCC

## Nutrition

1. Menus are posted at least one week in advance. Menus are dated and include portion sizes.
2. Food is offered at intervals not less than two hours and not more than three hours apart.
3. ☐ Our site is open nine hours or fewer. We provide:
  - ☐ Two snacks and one meal
  - ☐ One snack and two meals
- ☐ Our site is open more than nine hours. We provide:
  - ☐ Two snacks and two meals
  - ☐ Three snacks and one meal

The following meals and snacks are served by the FHCC:

Time	Meal/snack

4. Each snack or meal includes a liquid to drink. This drink is water or one of the required components such as milk or 100 percent fruit juice.
5. Menus include hot and cold foods that vary in colors, flavors and textures.
6. Ethnic and cultural foods are incorporated into the menu.
7. Menus list specific types of meats, fruits, vegetables, etc.
8. Menus include a variety of fruits, vegetables, and entrée items.

9. Foods served are generally moderate in fat, sugar and salt content.
10. Children have free access to drinking water. Individual disposable cups or single use glasses only are used.
11. Menu modifications are planned and written for children needing special diets.
12. Menus are followed. Necessary substitutions are noted on the permanent menu copy.
13. Permanent menu copies are kept on file for at least six months. (If participating in the USDA food program, the program requires food menus to be kept for three years plus the current year.)
14. Children with food allergies and medically-necessary special diets have diet prescriptions signed by a health care provider on file. Names of children and their specific food allergies are posted in the kitchen, the child's classroom, and the area where food is eaten by the child.
15. Children with severe and/or life threatening food allergies have a completed individual care plan signed by the parent and health care provider.
16. Diet modifications for food allergies, religious and/or cultural beliefs are accommodated and posted in the kitchen and classroom and eating area. All food substitutions are of equal nutrient value and are recorded on the menu or on an attached sheet of paper.
17. Mealtime and snack environments are developmentally appropriate and support children's development of positive eating and nutritional habits. We encourage staff to sit, eat and have casual conversations with children during mealtimes.
18. Coffee, tea and other hot beverages are not consumed by staff while children are in their care, in order to prevent scalding injuries.
19. Staff model healthy eating.
20. Families who provide sack lunches are notified in writing of the food requirements for mealtime.

## REFLECT

How do you connect children to the food that they eat? Some experienced Washington FHCC providers find growing even a small garden is an opportunity for learning about nutrition, answering children's questions about the science of the garden, learning about bugs that live on plants, and enjoying collaborative experiences together.

*“My children love the springtime growing curriculum. They love planting and watering along with weeding! Who would have thought that weeding can be the most fun for them?”*

–KC Brown, 8 years' experience in FHCC, Sumner

*“The children love gardening. You don't have to have a huge area. A small plot or corner of your yard will suffice. They love to plant the seeds and rush out to see the changes over time. They will often try vegetables they might not otherwise when they grow them themselves!”*

–Midge Strong-Bee, 4 years' experience in FHCC, Seattle

*“Creating a garden was a huge success for me. Sowing seeds and harvesting worked for every age group ...”*

–Sue Winn, 32 years' experience in FHCC, La Connor

*“We look for roly-polys (pill bugs and sow bugs) in the yard. We talk about how they curl up and pretend to be dead to protect themselves. We talk about what they eat and how they help make plant food in the garden. They love bugs and they were soon organizing “families” and giving them names. But, we agreed that they were not for keeping and that they need to go back to their homes to be safe and happy. The kids love it and we repeat this often. The insects don't seem to mind too much. (Then we wash our hands.)”*

–Sonja Rae Felix, 18 years' experience in FHCC, Sunnyside

*“Science! Science is the ‘why,’ and... children ask why a lot! I love to see them create, build and expand their knowledge.”*

–Marie Keller, 16 years' experience in FHCC, Everett

*“They all learn to help each other from the older down to the younger. The older children love to help out the younger children in learning and playing. It makes the older children feel needed and wanted.”*

–Tamara Jouval, eight years' experience in FHCC, Kenmore

## Resources

**American Academy of Pediatrics**  
[www.aap.org](http://www.aap.org)

**American Association of Poison Control Centers**  
[www.aapcc.org/dnn/default.aspx](http://www.aapcc.org/dnn/default.aspx)  
Aronson, S.S. (Ed.). (2012). *Healthy young children: A manual for programs*. 5th Edition. Washington, DC: NAEYC.

**Bright Futures**  
<http://brightfutures.aap.org>

**California Childcare Health Program**  
[www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

**Caring for our children, 3rd edition**  
<http://nrckids.org>

**Centers for Disease Control and Prevention**  
[www.cdc.gov](http://www.cdc.gov)

**Child Welfare Information Gateway**  
[www.childwelfare.gov](http://www.childwelfare.gov)

**Curriculum for managing infectious disease**  
[www.healthychildcare.org/ParticipantsManualID.html](http://www.healthychildcare.org/ParticipantsManualID.html)

**Ethnomed**  
See culture-related health topics at  
<http://ethnomed.org>

**Partnership for Food Safety Education**  
<http://www.fightbac.org>

**Head Start, I am moving, I am learning**  
<http://eclkc.ohs.acf.hhs.gov>

**Healthy Child Care America**  
<http://www.healthychildcare.org>

**MyPlate**  
[www.chooseMyPlate.gov](http://www.chooseMyPlate.gov)

**National Association for the Education of Young Children (NAEYC)**. (2008). A guide to the NAEYC early childhood program standard and related accreditation criteria. Washington, DC: NAEYC

**National Association of Child Care Resource and Referral and Save the Children, Domestic Emergencies Unit**. (2010). Protecting children in child care during emergencies.  
[www.naccrra.org/publications/naccrrapublications/publications/8960503\\_DisasterReport-SAVE\\_MECH.pdf](http://www.naccrra.org/publications/naccrrapublications/publications/8960503_DisasterReport-SAVE_MECH.pdf).

**National Fire Protection Association**  
[www.nfpa.org](http://www.nfpa.org)

**Let's Move!**  
Resources for child care providers  
[www.healthykidshealthyfuture.org/welcome.html](http://www.healthykidshealthyfuture.org/welcome.html)

**Strengthening Families**  
<http://www.strengtheningfamilies.net>

**U.S. Department of Agriculture**  
Child and Adult Care Food Program  
[www.fns.usda.gov/cnd/care](http://www.fns.usda.gov/cnd/care)

## Washington state and county health-related agencies

**Public Health – Seattle and King County**

- Child care health program
- Medication authorization forms
- Model child care health policies

[www.kingcounty.gov/health/childcare](http://www.kingcounty.gov/health/childcare)

**Washington State Department of Early Learning**

- Child health and nutrition:  
[www.del.wa.gov/development/health](http://www.del.wa.gov/development/health)
- Child safety:  
[www.del.wa.gov/development/safety](http://www.del.wa.gov/development/safety)



**Washington State Department of Health**

- See notifiable conditions at:  
[www.doh.wa.gov/  
PublicHealthandHealthcareProviders/  
NotifiableConditions/  
ListofNotifiableConditions.aspx](http://www.doh.wa.gov/PublicHealthandHealthcareProviders/NotifiableConditions/ListofNotifiableConditions.aspx)
- See current immunization information  
and schedules  
[www.doh.wa.gov/cfh/Immunize/schools](http://www.doh.wa.gov/cfh/Immunize/schools)

**Washington State Department of  
Social and Health Services:**

Child abuse and neglect reporting information  
[www.dshs.wa.gov/ca/safety/abuserreport.asp](http://www.dshs.wa.gov/ca/safety/abuserreport.asp)

**Washington Industrial Safety and Health Act**

Resources on bloodborne pathogen and other  
workplace hazards  
[www.lni.wa.gov](http://www.lni.wa.gov)

## Resource

**National Resource Center for Health and  
Safety in Child Care and Early Education** may  
be accessed via the telephone at 1-800-598-KIDS  
(5437) or at <http://nrckids.org>

**Caring for Our Children (2011)** is regarded  
as the single best source of health, safety and  
nutrition information and guidelines for child  
care. This resource is developed by experts  
from the **American Academy of Pediatrics**  
and the **American Public Health Association**,  
is free online, and is updated frequently. If you  
are striving for meeting best practices in these  
areas, go to the following web link and follow  
the directions to the documents cited which will  
support your development of appropriate prac-  
tices, policies and materials. The materials are  
ready to use and/or print out and to give to staff  
or families. <http://nrckids.org/CFOC3>

**Go to:** [Full PDF, 3rd Edition](#)

## SEE ESPECIALLY THE FOLLOWING DOCUMENTS IN THE APPENDICES OF CARING FOR OUR CHILDREN.

**Child health assessment**

- Appendix A: Signs and Symptoms Chart (pp. 421-425)
- Appendix FF: Child Health Assessment (p. 487)

**Child abuse and neglect**

- Appendix M: Clues to Child Abuse and Neglect (p. 445 – 448)

**Cleaning, sanitizing and disinfecting**

- Appendix K: Routine Schedule for Cleaning, Sanitizing, and Disinfecting (p. 442-443)

**Emergencies**

- Appendix P: Situations that Require Medical Attention Right Away (p. 458)
- Appendix CC: Incident Report Form (pp. 481- 483)
- Appendix KK: Authorization for Emergency Medical/Dental Care (p.502)

**Medication management**

- Appendix AA: Medication Administration Packet (pp. 474-478)

**Nutrition**

- Appendix Q: Getting Started with MyPlate (pp. 459-460)
- Appendix U: Recommended Safe Minimum Internal Cooking Temperatures (p. 464)
- Appendix V: Food Storage Chart (p. 465)

**Plants**

- Appendix Y: Non-Poisonous and Poisonous Plants (pp. 470 - 471)

**Playground safety**

- Appendix S: Physical Activity: How Much Is Needed? (p. 461)
- Appendix Z: Depth Required for Shock-Absorbing Surfacing Materials for Use Under Play Equipment (pp. 472-473)
- Appendix HH: Use Zones and Clearance Dimensions for Single-and Multi-Axis Swings (pp. 496-498)
- Appendix II: Bicycle Helmets: Quick-Fit Check (pp. 499-500)



**Special needs**

- Appendix O: Care Plan for Children with Special Health Care Needs (p. 451 -457)
- Appendix X: Adaptive Equipment for Children with Special Health Care Needs (pp. 468-469)
- Appendix BB: Emergency Information Form for Children with Special Health Care Needs (pp. 470-480)

## 6. RECORDKEEPING, REPORTING, POSTING AND POLICIES

In this section you will learn about:

- Records and Recordkeeping (WAC 170-296A-2000 to 2450)
- Policies
- Program/Operations Policies (WAC 170-296A-2400)
- Staff Policies
- Off-site Activity Policy
- Section Six Appendix A: Disaster Preparedness

*“I thought I would never be able to write my own program policies but when I worked with Donna Horne from Volunteers of America, Family and Children’s Services, in Everett, I could do it! My advice is to go to your local Child Care Aware agency and work with knowledgeable educators in your community to create handbooks and policies that will set you up for success.”*

It takes you, any staff, volunteers, household members and for some practices, the enrolled families, to work together to understand and implement an FHCC program’s policies and practices.

Documenting healthy practices in the form of policies is also a way to protect yourself as a business owner from the liability associated with not meeting insurance and licensing requirements. However, what motivates most FHCC providers is the ability to positively influence a life of health and well-being for the children in their care.

# Records and Recordkeeping (WAC 170-296A-2000 to 2450)

Keep the records that are specified in this section for a minimum of five years (WAC [170-296A-2000](#)). Current records, including records from the previous 12 months, must be kept in the licensed space as defined in WAC [170-296A-0010](#) and be available for DEL's review. Records between 12 months and five years old must be provided to DEL within two weeks of the date of DEL's written request.

## RESOURCES

DEL forms that are used by all FHCC providers have been reprinted in this section. To see all available forms go to: [www.del.wa.gov/publications/licensing](http://www.del.wa.gov/publications/licensing). See: Licensing forms and documents for providers Click on: Drop-down box – “Family Home Provider Forms”

Also go to “Topic Index” to locate helpful materials on any licensing topic:

[www.del.wa.gov/TopicIndex.aspx](http://www.del.wa.gov/TopicIndex.aspx)

The forms included in this section are for your use to copy, or to remind you to go to the DEL website to print them out.

The policies you write should accurately describe your program as well as meet the requirements of the licensing standard or relevant WAC. Remember you are helping to build the foundation and future of the children in your care. The quality of care you provide on a daily basis is up to you. Policies that are written and then communicated to staff and enrolled families will increase the likelihood that your FHCC will be a safe, healthy and nurturing home away from home for the fortunate children in your care.

**As you read this section, please refer to the *Content by WAC* index at the end of this guide in order to find the information and policy examples that will help you complete your required policies.**



## Child records

### **Confidentiality (WAC [170-296A-2025](#)).**

Keep all children's records confidential. Each enrolled child's health record must be available to staff when needed for medical administration or emergencies. A child's parent or guardian must be allowed access to all records for their child.

It is important for parents or guardians to give written permission before any conference reports, service plans, immunization records or follow-up reports are shared or disclosed to other professionals. In addition, the consent form should be, if at all possible, in the native language of the parent so that their consent is "informed" and understood. You should not share information with other staff without the consent of the family or guardian.

Families have the right to see everything in a child's file. An exception would be if you reported a family member to Child Protective Services, and Children's Administrative Intake advised you not to disclose that referral.

### **Contents (WAC [170-296A-2050](#))**

You must have an enrollment record for every enrolled child. Records must have the following:

- Beginning and end of enrollment date for children no longer in care.
- The child's birth date.
- The child's current immunization record on a DOH child immunization status form or comparable form completed by a health care professional; or a medical exemption form signed by a health care professional; or a religious, philosophical, or personal exemption form or similar statement signed by the child's parent or guardian.
- The child's known allergies.
- Names of persons authorized to pick up the child.
- Emergency contacts. If no emergency contact is available, a written emergency contact plan may be accepted.
- Parent or guardian information including name, phone numbers, home address, and

other contact information for reaching the family while the child is in care.

- Medical and dental care provider names and contact information, if the child has providers. If the child has no medical or dental provider, the licensee and parent or guardian must have a written plan for medical or dental injury or incident, and
- Consent to seek medical care and treatment of minor child in the event of injury or illness, signed by the child's parent or guardian.

If applicable, a child's records must include:

- Injury/incident reports (see WAC [170-296A-3575](#) and [170-296A-3600](#)).
- Medication authorization and administration log (see WAC [170-296A-3375](#)).
- Plan for special or individual needs of the child (see WAC [170-296A-0050](#)), or
- Documentation of use of physical restraint (see WAC [170-296A-6250](#)).

The child's records must include signed parent permissions (see WAC [170-296A-6400](#)) as applicable for:

- Field trips.
- Picture taking.
- Transportation.
- Visiting health professionals providing services to the child at the family home child care.

## RESOURCE

### **Child care registration form**

[www.del.wa.gov/publications/licensing/docs/ChildCare\\_RegistrationForm.pdf](http://www.del.wa.gov/publications/licensing/docs/ChildCare_RegistrationForm.pdf)

DEL has a form for your use posted on the department website. The form will look like the one below. If you retrieve the form from the DEL site, you will be sure to have the most updated version with required information prompts.

**CHILD CARE REGISTRATION FORM**

Date child entered

Date child left care

Child's Name – First -----Middle-----Lasta

Name used

Birthdate

Childs address

City

Zip Code

Child's parent/guardian address(s)

1)

2)

Address where you can be reached while child is in care

Parent/Guardian

Home Number

Cell Phone Number

Alternate Number

1)

1)

1)

1)

2)

2)

2)

2)

**Other than you, who else has permission to pick up your child?****Name****Address****Telephone No.**

Name:

Relationship:

Home:

Cell:

Alternative:

Name:

Relationship:

Home:

Cell:

Alternative:

Name:

Relationship:

Home:

Cell:

Alternative:

Name:

Relationship:

Home:

Cell:

Alternative:

In case of an emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them:

Parent/Guardian signature:

**Who does not have permission to pick up your child? If applicable  
(A copy of supporting court document must be on file)**

Name

Reason

Child's health information								
Date of child's last physical exam	Child's health care provider	Telephone No.						
Street Address	City	Zip Code						
Special health problems? Yes or no? If yes, specify.	Allergies, including drug reactions Yes or no? If yes, specify.							
Regular medications? Yes or no? If yes, specify.	Other important information Yes or no? If yes, specify.							
Child's dentist's name	Telephone No.							
Street Address	City	Zip Code						
I give permission that my child, _____, may be given first aid/emergency treatment by a the child care licensee and/or qualified staff at: (Name of Licensee , Address of Licensee)								
Child's medical insurance coverage								
Insurance company name	Member/policy number							
Policy holder name	Employer name							
Insurance company name	Member/policy number							
Policy holder name	Employer name							
Consent to medical care and treatment of minor children								
I give permission that my child, _____, may be given first aid/emergency treatment by a the child care licensee and/or qualified staff at:								
Name of Licensee								
Address of Licensee								



Parent/guardian signature	Date	Parent/guardian signature	Date
<p>When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid care attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment.</p> <p>I also give my permission for my child to be transported by ambulance or aid care to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.</p>			
Parent/guardian signature	Date	Parent/guardian signature	Date

Use this checklist as part of your policies to remember to record the following information.

### Child health records

Each child's health record will contain:

- Health history.
- Date of last physical exam.
- Name and phone number of health care provider and dentist.
- Allergy information and food intolerances.
- Individualized care plan for child with special health care needs (medical, physical, developmental or behavioral).
- List of current medications.
- Current immunization records (CIS form).
- Consent for emergency care.
- Preferred hospital.
- Any assistive devices used (e.g., glasses, hearing aids, braces).

The above information will be updated \_\_\_\_\_ (how often; annually is recommended) or sooner for any changes.

### MEDICATION LOG

Name of child

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Medicine							
Time Given	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Dosage/ Amount							
Licensee Signature							
Notes Concerns							
Signature:							
Medication returned to parent: Date:							
Parent/guardian:				Licensee signature:			

**PLAN TO MEET THE SPECIAL NEEDS OF AN INDIVIDUAL CHILD****I request a special needs accommodation for the following child: WAC [170-296A-0050](#)**

Licensee Name

Date

Telephone Number

Name of Child

Age of Child

Child's Birthdate

Description of child's diagnosed special need(s): (Include description of challenges associated with each diagnosis).

Identify the type of plan on file for this child (a copy should be in the child's file):

\_\_\_\_ IEP (Individual Education Plan). Expiration Date: \_\_\_\_\_

\_\_\_\_ IHP (Individual Health Plan). Expiration Date: \_\_\_\_\_

\_\_\_\_ IFSP (Individual Family Service Plan). Expiration Date: \_\_\_\_\_

\_\_\_\_ OTHER (Please specify \_\_\_\_\_). Expiration Date: \_\_\_\_\_

Name and position of professional that completed the identified plan:

Please list all the licensing standards that will be affected to meet this child's needs:

What will be done to meet the child's health and safety needs when identified licensing standards are not followed?

How will the health and safety needs of the other children be met?

Will this request require you to care for this child past the maximum age as stated on your  
DEL issues license? \_\_\_\_ Yes \_\_\_\_ No

Other comments:

I declare this information is true and accurate to the best of my knowledge and I understand that my licen-  
sor may make a site visit to verify the information.

Licensee signature:

Date:

**Parent section**Please provide other information regarding your child that you feel should be considered when DEL reviews  
this request:

## Resources

Parents or providers who are unsure about what the immunization requirements are for children's attendance from preschool through K-12 school can go to the Washington State Department of Health (DOH) website and find the information needed.

[www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/ChildCareStatusReporting.aspx](http://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/ChildCareStatusReporting.aspx)

DOH links to state laws and rules for immunizations and reporting are located at:

[www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/Regulations.aspx](http://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/Regulations.aspx)

Child care providers who have questions can contact DOH at [OICPSchools@doh.wa.gov](mailto:OICPSchools@doh.wa.gov) or 360-236-3595.

**Useful websites for child care providers and parents are listed on the DEL website at**

[www.del.wa.gov/resources/useful.aspx](http://www.del.wa.gov/resources/useful.aspx)

**Recommended:** Prevent misunderstandings by having a clear child care agreement.

**CHILD CARE AGREEMENT**

Child's name

Parent or guardian name

Parent or guardian name

Days and times my child will receive care:

Check days of care	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
Arrival							
Departure							

Fee \$ \_\_\_\_\_ per \_\_\_\_\_

Date payment due:

Hour \_\_\_\_ Day \_\_\_\_ Week \_\_\_\_ Month \_\_\_\_

Source of payment:

Parent \_\_\_\_\_ Other  
(specify) \_\_\_\_\_

Overtime rate \$ \_\_\_\_\_ per \_\_\_\_\_

Late fee \$ \_\_\_\_\_ per \_\_\_\_\_

Other fees \$ \_\_\_\_\_ Description:

I agree to promptly notify the child care provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated. I have read, understand and agree to comply with the policy and procedures and information for parents given to me by

\_\_\_\_\_(Name of Licensee).

Parent or guardian signature

Date

Parent or guardian signature

Date

I agree to provide child care services according to the above plan. I agree to promptly notify the parents or guardians of any changes to the above information.

Licensee signature:

Street address:

Comments:

## Licensee and staff records

See **Section One: The Licensing Process** for a chart of required training, education and related documentation for all persons working or living (household members) in the home where an FHCC is located. Also see, in the first section, the detailed guide to registration in MERIT.

Records on file for the licensee and each staff person (WAC [170-296A-2075](#)) must include the following documentation:

- Current first aid and infant, child and adult CPR training certification.
- HIV/AIDS training certification.
- TB test results or documentation as required under WAC [170-296A-1750](#).
- Current state Food Handler Permit for the licensee, and for other staff if required under WAC [170-296A-7675](#).

- Completed background check form, or non-criminal background check form if applicable under WAC [170-296A-1225](#), and copy of the department-issued authorization.
- Copy of a current government issued picture identification.
- Emergency contact information.
- Completed application form or resume for staff when hired.

Documentation for the licensee and primary staff person of:

- Child Care Basics training.
- Continuing education completed.
- Registration in MERIT.

A record of training the licensee provided to staff and volunteers.

A resume is required for the licensee only.

---

### Provider health

1. You must document a tuberculin skin test (Mantoux method) within the past year, unless not recommended by a licensed health care provider.
2. If you have had a positive tuberculin skin test in the past, you will always have a positive skin test, despite having undergone treatment. In this case, you do not need documentation of a skin test. Instead documentation must be on record that you have had a negative (normal) chest x-ray and/or completion of treatment.
3. You do not need to be retested for tuberculosis unless you have had an exposure. If you change from a negative test to a positive test, medical follow up will be required and a letter from the health care provider must be on record that indicates you have been treated or you are undergoing treatment.
4. Let parents know you comply with all recommendations from the local health jurisdiction. (For example, TB is a reportable disease.).
5. If you have a communicable disease, you are expected to remain away from children until you are no longer contagious. You are required to follow the same guidelines outlined in EXCLUSION OF ILL CHILDREN in your policies.
6. You are encouraged to consult with your health care provider regarding your susceptibility to vaccine-preventable diseases.
7. If you are pregnant or considering pregnancy you are encouraged to inform your health care provider that you work with young children. *When working in child care settings there is a risk of acquiring infections which can harm a fetus or newborn. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles).*

*In addition to the infections listed here, other common infections such as influenza and Hand Foot and Mouth disease can be more serious for pregnant women and newborns. Good hand-washing, avoiding contact with ill children and adults, and cleaning of contaminated surfaces can help reduce those risks.*

Recommendations for adult immunizations are available at:  
[www.doh.wa.gov/cfh/Immunize/immunization/adults.htm](http://www.doh.wa.gov/cfh/Immunize/immunization/adults.htm)

## RESOURCE

**Application for Employment or Volunteer Services Licensed/Certified Child Care Agency**

This form may be obtained from the DEL website at:

[www.del.wa.gov/publications/licensing/docs/Center\\_School-AgeEmploymentApplication.pdf](http://www.del.wa.gov/publications/licensing/docs/Center_School-AgeEmploymentApplication.pdf)

## REFLECT

**How might you use a song to encourage hand washing? Go to this link for ideas:**

[www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Flu.aspx](http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Flu.aspx)





## Household members' records

### REQUIRED RECORDS (WAC [170-296A-2100](#)) FOR HOUSEHOLD MEMBERS

Keep the following:

- Completed background check form and the department-issued clearance under chapter [170-06](#) WAC for each individual 16 years old and older.
- DEL-issued clearance for household members ages 13 to 16 under WAC [170-296A-1225](#).
- TB test results or documentation under WAC [170-296A-1750](#) for
  - Household members age 16 or older.
  - Any household member age 14-16 who is an assistant or volunteer.

## Child attendance records

### STAFF-TO-CHILD RATIO RECORDS (WAC [170-296A-2125](#))

Keep records of daily attendance for each child counted in capacity that includes the following:

- Child's dates of attendance.
- Time the child arrives or returns to the child care, including signature of the person
  - authorized by the child's parent or guardian to sign the child in.
- Time the child leaves from the licensee's care including signature of the person authorized by the child's parent or guardian to sign the child out, and
- Names of staff being counted to meet the daily staff-to-child ratio requirements.

#### Daily attendance record for child care facilities

Shaded section for child care staff used when child leaves and returns to licensee's care (such as when a child is also attending elementary school)

Date	Child's Name	Time In	Parent or authorized signature	Time out	Staff initial	Time in	Staff Initial	Time out	Parent or authorized signature

## Facility records

### KEEP THE FOLLOWING FACILITY RECORDS (WAC [170-296A-2150](#))

- Monthly fire inspections required under WAC [170-296A-3050](#).
- Fire extinguisher annual maintenance or receipts indicating annual purchase of new fire extinguisher(s), under WAC [170-296A-3000](#).
- Septic system inspection and maintenance, if required under WAC [170-296A-1375](#).
- Water testing results, if required under WAC [170-296A-1400](#).
- Installation or assembly instructions for new play equipment under WAC [170-296A-5000](#).
- (This requirement does not apply to used or hand-made play equipment built or installed by the licensee or homeowner, or to play equipment purchased prior to March 31, 2012.)
- Emergency preparedness evacuation drills under WAC [170-296A-2925](#).
- Documents from any department visits, inspections or monitoring checklists.
- As applicable, compliance agreements or safety plans between the licensee and the department.

## Materials that must be posted

The following must be posted in the licensed space during operating hours and clearly visible to the parents, guardians and staff (WAC [170-296A-2175](#)):

- A statement of the licensee's philosophy of child development.
- Emergency information, including:
  - 911 or emergency services number.
  - Name of the licensee, telephone number(s), emergency contact information, address, and directions from the nearest major arterial street or nearest cross street to the licensed home.
  - Washington poison center toll-free phone number.
  - DSHS children's administration intake (child protective services) toll-free telephone number.
- Emergency preparedness plan and drills with the following information:
  - Dates and times of previous drills.
  - Procedure for sounding alarm.
- Monthly smoke detector check, and carbon monoxide detector check if carbon monoxide detectors are required under WAC [170-296A-2950](#).
- Floor plan with escape routes and emergency exits identified.
- Emergency medical information or explanation of where that information can be found.
- Child care licensing information including:
  - The current DEL-issued child care license.
  - If applicable, a copy of current department-approved exceptions to the rules.
- If applicable, notice of any current or pending department enforcement action. Notice must be posted:
  - Immediately upon receipt.
  - For at least two weeks or until the violation causing the enforcement action is corrected, whichever is longer.
- A notice stating that additional information about the child care license is available upon

request to the licensee. This information includes:

- Copies of department monitoring checklists.
- If applicable, any facility licensing compliance agreements (FLCA).
- If applicable, copy of any enforcement action taken by the department for the previous three years.
- If applicable, notice that the licensee does not have liability insurance coverage, or that the coverage has lapsed or been terminated. See RCW [43.215.535](#).
- A statement on how the licensee will communicate with the parent or guardian on their child's development and parenting support.
- A typical daily schedule as described in WAC [170-296A-6550](#).

## Resources for posting

Safety record and evacuation plan – DEL website form below may be printed from:

[www.del.wa.gov/publications/licensing/docs/FH\\_Safety\\_Evacuation.pdf](http://www.del.wa.gov/publications/licensing/docs/FH_Safety_Evacuation.pdf)

SAFETY RECORD AND EVACUATION PLAN								
Year	Monthly fire drill record			Monthly smoke and carbon monoxide detector record		Quarterly disaster drill		
Month	# of children	Length of drill	Initials of staff present	Date smoke detector checked	Date Carbon monoxide checked	# of children	Length of drill	Initials of staff present
JAN								
FEB								
MAR								
APR								
MAY								
JUNE								
JULY								
AUG								
SEPT								
OCT								
NOV								
DEC								

**Lockdown/shelter in place annual drill**

Date of annual drill	# of children	Length of drill	Initials of staff present

**Batteries replaced annually**

Smoke detector date	Carbon monoxide detector date	Fire extinguisher
		Date

**Check daily**

Evacuation plan and procedures are posted.

Exits open freely; exits are not blocked.

Electrical appliances are working properly.

Electrical outlets are not overloaded.

Extension cords are not used in place of permanent wiring.

Combustible trash is not allowed to accumulate.

Flammable or combustible material is stored safely.

Fireplaces, wood burning stoves, fireplace inserts, and heaters are used safely and out of reach of children.

**Fire evacuation plan**

Please write your plan to evacuate children from your facility in case of fire.

1. How will you evacuate the children, especially those who cannot walk?
2. How will you sound an alarm? Where is it kept?
3. Where will the children and staff gather when waiting for the fire department to arrive?
4. How will you make sure all persons are evacuated and accounted for?

## Reporting Incidents

### REPORTING INCIDENTS TO 911 (EMERGENCY SERVICES)

Call 911 and report to emergency services the following (WAC [170-296A-2200](#)):

- A child missing from care, as soon as the licensee or staff realizes the child is missing.
- Medical emergency (injury or illness) that requires immediate professional medical care.
- Giving a child too much of any oral, inhaled or injected medication, or a child taking or receiving another child's medication.
- Fire and other emergencies.
- Poisoning or suspected poisoning.
- Other incidents requiring emergency response.

### REPORTING INCIDENTS TO WASHINGTON POISON CENTER (WAC [170-296A-2225](#))

First call 911 if you suspect a child has ingested poison.

Next, report to the Washington poison center:

- Any poisoning or suspected poisoning.
- A child receiving too much of any oral, inhaled or injected medication.
- A child taking or receiving another child's medication.

Finally report to a child's parent or guardian and to DEL Immediately (WAC [170-296A-2250](#)):

- Any incident reported under WAC [170-296A-2200](#), after calling 911.
- Any incident reported under WAC [170-296A-2225](#), after calling 911 and Washington poison center.
- A child's demonstrated acts, gestures or behaviors that may cause serious intentional harm to self, others or property.
- Use of physical restraint with a child.

Within 24 hours:

- Their child's injury or other health concern that does not require professional medical treatment (report to parent only).
- Change in child care staff, including serious illness or incapacity of the licensee that may impact child care staffing.
- Additions to the household of persons 16 years or older, or a change in the licensee's phone number or email.
- Their child's exposure to a communicable disease from the list in WAC [170-296A-3210](#).
- The licensee's plans to move, as soon as the licensee plans to move (WAC [170-296A-1475](#)).

The Washington Poison Center may be reached at 1-800-222-1222 and <http://www.wapc.org>

### OTHER INCIDENT REPORTING TO THE DEPARTMENT (WAC [170-296A-2275](#))

You must report to DEL any incidents or changes as required under WAC [170-296A-2200](#), or [170-296A-2225](#), [170-296A-2250](#), [170-296A-2300](#), and [170-296A-2325](#).

You or another person must report to DEL within 24 hours:

- The licensee's emergency absence, serious illness or incapacity of the licensee, staff or member of household, if the licensee has a reasonable expectation that the absence illness or incapacity will affect the licensee's ability to provide care.
- Who is going to continue to provide care.
- For the licensee, staff, volunteer or household member age 14 or older:
  - Pending charge or conviction for a crime listed in WAC [170-06-0120](#).
  - Allegation or finding of child abuse or neglect under chapter [26.44](#) RCW or chapter [388-15](#) WAC.

- Allegation or finding of abuse or neglect of a vulnerable adult under chapter [74.34](#) RCW.
- Pending charge, conviction, or negative action from outside Washington state consistent with or the same crime listed in WAC [170-06-0120](#), or “negative action” as defined in RCW [43.215.010](#).

## Reporting to DSHS Children’s Administration Intake

The licensee and each staff person are required (WAC [170-296A-2300](#)) to report the following to DEL, and to DSHS children’s administration intake-child protective services (CPS) or law enforcement within 48 hours as required under RCW [26.44.030](#):

- Suspected child abuse or neglect.
- A child’s disclosure of sexual or physical abuse or neglect (WAC [170-296A-2300](#)).
- Inappropriate sexual contact between two or more children.
- A child’s attempted suicide or talk about attempting suicide.

The licensee or primary staff person must immediately report the death of a child to CPS or law enforcement and to DEL if the death of a child occurred while in the licensee’s care, or if it resulted from injury or illness that may have occurred while the child was in the licensee’s care.

### Child Abuse and Neglect

8. Child care providers are state-mandated reporters of child abuse and neglect; we immediately report suspected or witnessed child abuse or neglect to Child Protective Services (CPS). The phone # for CPS is 1-800-609-8764.
9. Signs of child abuse or neglect are documented on \_\_\_\_\_ (name of report form), which is located \_\_\_\_\_ (where).
10. Training on identifying and reporting child abuse and neglect is provided to all staff and documentation kept in staff files.
11. Licensors are notified of any CPS report made.

### Reporting notifiable conditions to health department (WAC [170-296A-2325](#))

The licensee must report a child in care diagnosed with a notifiable condition as defined in chapter 246-101 WAC to the local health jurisdiction or the DOH. Contact the local health jurisdiction for the list of notifiable conditions and reporting requirements.

**Need to find contact information for your local health department?** Go to

[www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions.aspx](http://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions.aspx)





# Policies

The licensee must have written policies (WAC [170-296A-2350](#)) for:

- Parents and guardians, also known as the parent handbook.
- Program and staff.

The licensee must submit all policies and revisions of policies to DEL.

## *What is the purpose of parent policies?*

The purpose of a parent handbook or parent policy is to guide your operations manual, staff policies and off-site policies. The parent handbook that you give to parents of the children in your care must include DEL licensing requirements, but you can also add your own rules and personal information as well.

As a provider and a business owner you should sit down with new clients (the parents or guardians of the enrolled children) and review your handbook. As each new family is introduced into your FHCC, take the time to explain your rules and make sure that the family or guardians understand what is expected from them and what they can expect from you.

If a problem arises regarding a subject that is addressed in your handbook, you can refer to your policy with the family and hopefully avoid conflict, or more easily work toward a resolution. If your policies regarding a topic are vague, or you and the family have differing assumptions, it can cause problems. Your handbook is the basis of your contract with families and should be clear at all times. Have both parents (if applicable) and guardians sign that they understand your policies and give them a copy. Keep a copy in your files. This advice is based on work done by Donna Horne of Volunteers of America, Family and Children's Services, in Everett.

## *Write your policy after learning what needs to be in it!*

The licensing standard is detailed below. After the policy standard you will find a series of questions to support you as you write your own parent policy or handbook that fits the specifics of your FHCC. See also Appendix A in this section for a disaster policy and refer



to Section Five – Safety, Health and Nutrition for additional information to support the writing of your required policies.

## **PARENT/GUARDIAN POLICIES OR HANDBOOK (WAC [170-296A-2375](#))**

The licensee's written parent/guardian policies (handbook) must include:

- Hours of operation including closures and vacations.
- Information on how children's records are kept current, including immunization records.
- Enrollment and disenrollment process.
- Parent/guardian access to their child during child care hours.
- Program philosophy (the licensee's view of child learning and development).
- Typical daily schedule, including food and rest periods. See WAC [170-296A-6550](#).
- Communication plan with parents/guardians including:
  - How the parent or guardian may contact the licensee with questions or concerns.
  - How the licensee will communicate the child's progress with the parent or guardian at least twice a year.
  - How the licensee will support parents regarding parenting.
- Written plan for any child's specific needs if applicable. See WAC [170-296A-0050](#).
- Fees and payment plans.
- Religious activities and how the parent's specific religious preferences are addressed.
- How holidays are recognized in the program.
- Confidentiality policy including when information may be shared. See WAC [170-296A-2025](#).
- Items that the licensee requires the parent or guardian to provide.
- Guidance and discipline policy. See WAC [170-296A-6050](#).
- If applicable, infant/toddler care including SIDS prevention, feeding, diapering and toilet training.
- Reporting suspected child abuse or neglect. See WAC [170-296A-6275](#).
- Food service practices. See WAC [170-296A-7125](#) through [170-296A-7200](#), and [170-296A-7500](#) through [170-296A-7650](#).
- Off-site field trip requirements. See WAC [170-296A-2450](#).
- Transportation requirements. See WAC [170-296A-6475](#).
- Staffing plan. See WAC [170-296A-5600](#) and [170-296A-5775](#).
- Access to licensee and staff training and professional development records.
- Pet policies. See WAC [170-296A-4800](#).
- Health care and emergency preparedness policies including:
  - Emergency preparedness and evacuation plans. See WAC [170-296A-2825](#).
  - Injury or medical emergency response and reporting. See WAC [170-296A-3575](#), [170-296A-3600](#), and [170-296A-2275](#).
  - Medication management including storage and giving medications. See WAC [170-296A-3325](#);
  - Exclusion/removal policy of ill persons. See WAC [170-296A-3210](#); (e) Reporting of notifiable conditions to public health; (f) Immunization tracking. See WAC [170-296A-3250](#).
  - Infection control methods, including:
    - Handwashing (WAC [170-296A-3625](#)) and, if applicable, hand sanitizers (WAC [170-296A-3650](#)), and
    - Cleaning and sanitizing, or cleaning and disinfecting procedures including the methods and products used. See WAC

[170-296A-3850](#) through [170-296A-3925](#) and definitions in WAC [170-296A-0010](#).

- Napping/sleeping.
- No smoking policy consistent with WAC [170-296A-4050](#).

- Drug and alcohol policy consistent with WAC [170-296A-4025](#).
- If applicable, guns and weapons storage. See WAC [170-296A-4725](#).
- If applicable, overnight care requirements. See WAC [170-296A-6850](#).

## Checklist for writing your own parent policy

After reading the long list of requirements for your parent handbook you may be wondering where to begin. Remember this is your opportunity to tell parents who you are, what you believe in and why you have chosen this important field as your profession. You will also be identifying basic information that will prevent problems in the future based on misunderstandings. Use this list to get going and check the WAC detailed above, to be sure you have included all required areas.

### COVER AND FIRST PAGE OF THE PARENT HANDBOOK

Welcome parents and list your name, address and discuss the basics of your program under number one.

#### 1. What are your hours of operation and days you will be closed?

- Identify holidays, sick days, and vacations and closures. Plan a year ahead and let the families also plan!
- State your opening and closing times (for example, 6 a.m. to 6 p.m., weekdays).

#### 2. What child records are required? How will children's records be kept current?

- Give a sample of the forms for admission.
- State how often the information will be checked and updated.
- State how you will notify parents when you have any changes to policies.

#### 3. Enrollment and disenrollment information. Detail the following:

- Deposit and registration forms

- Trial period
- Withdraw policy
- Termination policy

#### 4. Access to children during child care hours

- You must state that you have an open-door policy, meaning parents may come unannounced or without an appointment if their child is in care.
- State who may have access to a child during child care hours (parents, guardians, DEL and CPS).
- Suggestion: Discuss how you address custody Issues.

#### 5. Your philosophy

- What is your view of how children learn and develop?
- What is your view of how you and your staff will support children to learn and grow?
- Briefly give other details such as your goals for how the environment, routines, and other aspects of your program will support a healthy, safe and nurturing experience for children.
- Share anything else about how you will operate your child care business that will let families and others understand your approach to caring and education children. There may be many ways to describe your philosophy. Here is one example:
  - We believe children learn through play in an environment that is safe, interesting and set up for exploration and creativity.
  - We believe children are capable, curious and 'little scientists' trying to figure

out how the world works. Our environment is set up and has materials that fit the ages and interests of our enrolled children.

- As caregivers and educators we believe it is our responsibility to value every child for who they are, to partner with families and to include the cultures and languages of our families in our program.
- We allow children to make choices based on their interests and we actively teach social skills to create a caring community of learners here.

#### **6. Daily schedule, food and rest periods**

- See: WAC [170-296A-6550](#) and detail the daily schedule.
- Give a sample menu.
- State that you offer rest periods and naps and offer quiet activities for those children who don't need naps.

#### **7. Communications plan**

- How will you communicate with parents?
- How will parents contact you?
- How will you communicate with parents at least twice a year about the child's progress?
- How will you support the parents regarding their own parenting?

#### **8. Plan for any child's specific needs if applicable**

See: WAC [170-296A-0050](#)

- State what you will do if you have a child with specific needs. For example, how will you change your routine, modify your environment, or partner with other professionals to meet a child's identified special needs?
- Do you have any training or certifications that you want parents to know about?

#### **9. Fees and payment plan**

- What is your payment policy?
- Do you have a required deposit?
- What rate do you charge for specific situations such as a second child in the same family? Do you offer a family discount if applicable?
- What are your late fees?

- How do you handle charges when a family goes on vacation, a child is ill or gone due to specific holidays?
- What rules must you follow for families who receive subsidized child care fees from the state of Washington programs for low income families (TANF/ DSHS)?

#### **10. Religious activities and how parent's or guardian's religious preferences are addressed**

- Indicate whether specific holidays are or are not celebrated.
- Discuss your program's approach to religion. Are you a religious program or not? Give examples of what you do in your program in this area.
- If holidays are not celebrated, describe how you create a community feeling through other routines or means.

#### **11. Birthdays and holidays**

- Holidays are / are not celebrated
- Birthdays are / are not celebrated
- If celebrated what is the parent's role? What might they contribute to the program? What would you like to avoid?

#### **12. Confidentiality policy including when and with whom information may be shared**

See WAC [170-296A-2025](#) and then answer:

- Who will you tell and share children's files with?
- How will you keep the child's file confidential?

#### **13. What do parents need to bring to child care?**

#### **14. Guidance and discipline after reviewing WAC [170-296A-6050](#).**

Discuss your philosophy of:

- Behavior management
- Child care rules
- Consequences
- Respect
- No corporal punishment on premises

#### **15. Infant and toddler care**

If you serve infants and toddlers, detail the following:

- Feeding

- Sleeping/SIDS prevention
- Diapering /Toilet Training

## 16. Child abuse, neglect and exploitation

Print WAC [170-296A-6275](#) exactly as it appears in your Parent Handbook.

## 17. Food service practices

See WAC [170-296A-7125/7200](#) and [170-296A-7500/7650](#), and describe:

- How you post daily meals.
- The type of food you serve or if you require parents to supply meals for their child.
- If you have an outside food allowance because you participate in a state food program.
- Culture and sensitive food practices.
- Views on sharing food.
- Allergy policy and notifications.
- Describe your qualifications such as the fact that you have a food handler's permit, you adhere to appropriate food storage practices, and you comply with healthy and safe food handling practices.

## 18. Off-site field trips

See WAC [170-296A-2450](#) and describe your plans for:

- Off-site field trips.
- How you will notifying parents in advance of a field trip.

## 19. Transportation

See WAC [170-296A-6475](#) and detail your:

- Plan for transporting children.
- Policy on car seats or booster seats. Who provides car seats?
- Emergency materials.
- Insurance information.

## 20. Staffing plan

See WAC [170-296A-5600](#) and WAC [170-296A-5775](#) and describe your:

- Staffing ratios.
- Staffing plan.
- Supervision of children.

## 21. Licensee's and staff's training and professional development records

Identify the requirements that you and your staff have met in the areas of:

- Background checks.
- Documented training.
- CPR / first aid / bloodborne pathogen training.

## 22. Pet policies

See WAC [170-296A-4800](#) and note if you will have animals in the child care area and state that they will have:

- Shots and veterinary records.
- Care to meet all WAC requirements.
- A cleaning policy.

## 23. Health care and emergency preparedness policies

See WAC [170-296A-2825](#)

### a. Emergency preparedness and evacuation plans

- How long are you prepared to take care of children?
- What equipment do you have on hand?
- How far is the fire station from your home?
- Where is the closest place that you could go to as a back-up location if your home is unsafe?
- Request out-of-state phone numbers from enrolled families. Give parents an out of state phone number to call in the event of an emergency that prevents local calls.

### Evacuation and safety plans

- How often you do drills for children and staff?
- In case of evacuation where will you go or meet in the yard?
- What doors are open for an emergency?
- Are children trained to call 911?
- Are there procedures in place for fire, earthquake and lockdown?

### b. Injury or medical emergency response and reporting

See WACs [170-296A-3575](#), [3600](#), [2275](#) and then describe:

- When will parents be notified of cuts, bruises and falls that may be treated on site?



- How are parents notified of injuries requiring medical treatment?
- What are the procedures for reporting a questionable injury?
- What is the procedure for handling emergencies?

#### **c. Medication management**

See WAC [170-296A-3325](#) and describe practices.

#### **d. Exclusion/removal of ill children**

- How will you handle a child who becomes ill in care?
- Under what circumstances is a child be excluded from care?

#### **e. Reporting to public health and DEL within 24 hours**

- What is reported?

#### **f. Immunization tracking**

What is your:

- Policy on tracking and updating?
- Form for parents to use?

#### **g. Infection control methods**

Describe:

- Cleaning and sanitizing.
- Hand washing.
- Hand sanitizers.
- Handling contaminated material, blood, fluids.

### **24. Napping and sleeping**

Answer the following:

- Who takes a nap?
- What is your napping policy?
- What are non-napping children doing while others nap?
- What sleeping equipment is used?

### **25. No smoking policy**

See WAC [170-296A-4050](#) and then describe:

- What are policies for parents, staff?

### **26. Drug and alcohol policy**

See WAC [170-296A-4025](#) and then describe:

- What are the state's policies? Your personal policies?
- What you would do if a parent was under the influence?

### **27. Weapons storage, if applicable**

See WAC [170-296A-4725](#) and then detail:

- What is the policy?
- If you have weapons, how are they stored?

### **28. Overnight care**

See WAC [170-296A-6850](#) and describe

- What sleeping equipment will be provided for overnight care?
- Where will children sleep?
- Where will providers sleep?

### **Additional information that you may want to address in your parent handbook:**

- Provider information.
- References.
- Licensing and liability insurance.
- Employees/substitute caregivers.
- Backup child care ideas.
- Nondiscrimination policy.
- Photograph policy.
- School districts close to the FHCC.
- Extra services and charges.

Now that the parent handbook is finished you can start the **program operations, staff and off-site policies**. You can address these policies by including most information in the **parent handbook** or you can choose to have a separate manual. Either way, most of the information needed will have been addressed in the parent handbook.

The following list is what DEL requires in your operations, staff and off site policies. As you will notice, a lot is already in your parent handbook. If you don't have staff or if you don't go on field trips, then you don't need these policies. After you review the WACs below, a list of what needs to be in your remaining policies is listed.

# Program/ Operations Policies (WAC 170-296A-2400)

In addition to parent policies and procedures required under WAC [170-296A-2375](#), the licensee must have written program/operations policies that include:

- Plans to keep required program/staff records current.
- Child supervision requirements.
- Mandatory reporting requirement of suspected child abuse and neglect and other incidents under WAC [170-296A-2300](#).
- Plan for off-site field trips.
- Plan for transporting children.
- Plan for preventing children's access to uncensored space.
- Medical emergency, fire, disaster and evacuation responsibilities.
- Guidance and discipline responsibilities.
- Overnight care, if applicable.
- Plan for staff (when applicable) to include:
  - Staff responsibilities.
  - Staff training.
  - Staff expectations.
  - Professional development.







# Staff Policies

Policies (WAC [170-296A-2425](#)) must include:

- All the information in the parent/guardian handbook under WAC [170-296A-2375](#), except fees.
- Plan for keeping staff records current including:
  - Completed background check forms and department clearances.
  - First aid and CPR certification.
  - TB test results.
  - Required training and professional development for primary staff persons.
  - Training that the licensee must provide to staff.
- Job description.
- Staff responsibilities for:
  - Child supervision requirements.
  - Guidance/discipline techniques.
  - Food service practices.
  - Off-site field trips.
- Transporting children.
- Preventing children's access to unlicensed space.
- Health, safety and sanitization procedures.
- Medical emergencies, fire, disaster and evacuations.
- Mandatory reporting of suspected child abuse and neglect.
- Overnight care, if applicable.
- Staff responsibilities if the licensee is absent from the child care operation.
- The licensee must keep documentation of all staff training on policies.



**Resource:**

Go to: [www.del.wa.gov/publications/licensing/#family](http://www.del.wa.gov/publications/licensing/#family).

Scroll down to the Family Home Child Care section and open the document you need. The documents are available in Spanish and English and include:

- **Family Home Written Plan for Licensee Absence** (WAC [170-296A-5775](#)).
- **Family Home Written Plan for Dangerous or Aggressive Pet or Animal.**
- **Family Home Child Care - Request to Provide Overnight Care** (WAC [170-296A-6850](#)).
- **Inspection of fireplaces, wood stoves, or similar wood-burning heating devices** (WAC [170-296A-2650](#)).
- **Request for Fire Department visit.**
- **Written Plan for Bodies of Water** (WAC [170-296A-5250](#)).

# Off-site Activity Policy

The licensee must have a written policy (WAC [170-296A-2550](#)) for off-site activities that includes:

- Parent notification and permissions. See WAC [170-296A-6400](#).
- Supervision plan.
- Transportation plan. See WAC [170-296A-6475](#).
- Emergency procedures including bringing each child's:
  - Emergency contact information.
  - Medical records.
  - Immunization records.
  - Individual medications if required for specific children.
  - Medication administration log.
- Medication management.
- Maintaining a complete first-aid kit.
- Charging of fees, if any.



**Family Home Child Care**  
**Off-Site Permission Authorization for Occasional Trips**

**WAC [170-296A-6400](#) Off Site activities – Parent or guardian permission**

The licensee must:

- a) Have written permission from the parent or guardian prior to the child engaging in off-site activities.  
The written permission must be kept in the child's file.
- b) Have a separate permission for activities that occur less often than once per calendar month.

Child's name

Licensee Name

A special outing is planned to:

Address:

Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

The children will be transported by motor vehicle:  
 \_\_\_\_ Yes \_\_\_\_ No

We will be going on this outing using public transportation: \_\_\_\_ Yes \_\_\_\_ No

Notes:

Please return this permission slip by:

I give permission for my child

To attend the outing to:

\_\_\_\_\_

Date: \_\_\_\_\_

(Child's name)

This permission is granted when the licensee follows all the requirements for transporting children (WAC [170-296A-6475](#)).

In case of emergency, I give permission for my child to receive medical treatment. In case of such emergency please contact: \_\_\_\_\_

Name:

Telephone number

Parent or guardian signature:

Date:

Give a copy to the parent or guardian and keep a copy in the child's file.

## CHECKLIST FOR YOUR PROGRAM OPERATIONS, STAFF AND OFF SITE POLICIES

### Program and operations policies

The following subjects may be addressed in your parent handbook if you prefer one document. Redundant requirements are underlined>.

1. Plans to keep required program and staff records current.
2. Child supervision requirements.
3. Mandatory reporting requirement of suspected child abuse and neglect and other incidents.
4. Plan for off-site field trips.
5. Plan for transporting children.
6. Plans for preventing children's access to unlicensed space.
7. Medical emergency, fire, disaster and evacuation responsibilities.
8. Disaster Plan (See Section Six, Appendix A)
9. Evacuation of children
10. Evacuation locations
11. Earthquake procedures
12. Fire
13. Immediately following the fire
14. Lock down or shelter in place
15. Lock-down procedures
16. Injury or medical emergency response and reporting
17. Injury to child
18. First aid
19. Guidance and discipline responsibilities
20. Overnight care, if applicable
21. Plan for staff
22. Staff responsibilities
23. Responsibilities of a primary staff person supervising staff
24. Staff training
25. Staff expectations
26. Professional development

### Staff policies-only if you have staff

1. What is required by staff to read and know?
2. Have required staff records and a plan for keeping staff requirements current
3. Training that the licensee must provide to staff
4. Job description
5. Staff responsibilities
6. Child supervision requirements
7. Guidance/discipline techniques
8. Food service practices
9. Off-site field trips
10. Transporting children
11. Preventing children's access to unlicensed space
12. Health, safety and sanitization procedures
13. Cleaning and sanitizing toys
14. Disaster plan
15. Evacuation of children
16. Evacuation locations
17. Earthquake procedures
18. After ground stops moving
19. Fire
20. Immediately following the fire
21. Lock down or shelter in place
22. Lock-down procedures
23. Injury or medical emergency response and reporting
24. Injury to child
25. First aid
26. Mandatory reporting of suspected child abuse and neglect
27. Overnight care, if applicable
28. Staff responsibilities if the licensee is absent from the child care operation.
29. The licensee must keep documentation of all staff training on policies.

**Resources:** For a review of model child care policies and plans consult the following resources:

- American Academy of Pediatrics
- American Public Health Association
- National Resource Center for Health and Safety in Child Care and Early Education
- Caring for our children: National health and safety performance standards, 2011.
- Guidelines for early care and education programs. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>.

Aronson, S. A. (2002). Model child care health policies. WA, DC: NAEYC.

Aronson, S.A. (2012). Healthy young children: A manual for programs. WA, DC: NAEYC.

National Association for the Education of Young Children (NAEYC).  
(2013). *Coping with disasters*. See:  
[http://www.naeyc.org/newsroom/  
Resources on coping with disasters](http://www.naeyc.org/newsroom/Resources_on_coping_with_disasters)

NAEYC has gathered online resources to provide information about disaster preparedness for child care and preschool programs in the U.S. and how to talk to young children about disasters they learn about in the media. The site also provides information about helping children during and after a disaster.



# Section Six Appendix A: Disaster Preparedness

The following are examples of different ways to create a disaster plan.

## Disaster Plan Approach 1

### PLAN AND TRAINING

We have developed a disaster preparedness plan/policy. Our plan includes responses to the different disasters our site is vulnerable to, as well as procedures for on-and off-site evacuation and shelter-in-place. Evacuation routes are posted in each classroom. **Our disaster preparedness plan/policy is located** \_\_\_\_\_

\_\_\_\_\_  
(where).

**Staff are oriented to our disaster policy** \_\_\_\_\_

\_\_\_\_\_  
(when/how often; at least annually).

**Parents/guardians are oriented to this plan** \_\_\_\_\_

\_\_\_\_\_  
(when/how).

**Staff are trained in the use of fire extinguishers** \_\_\_\_\_

\_\_\_\_\_  
(when, by whom).

**The following staff persons are trained in utility control** (how to turn off gas, electric, water): \_\_\_\_\_

\_\_\_\_\_.

Disaster and earthquake preparation and training are documented.



**Supplies**

Our center has a supply of food and water for children and staff for at least 72 hours, in case parents/guardians are unable to pick up children at usual time.

\_\_\_\_\_ (name)  
is responsible for stocking supplies. Expiration dates of food, water, and supplies are checked \_\_\_\_\_  
(how often) and supplies are rotated accordingly. Essential medications and medical supplies are also kept on hand for individuals needing them.

**HAZARD MITIGATION**

We have taken action to make our center earthquake/disaster-safe. Bookshelves, tall furniture, refrigerators, crock pots, and other potential hazards are secured to wall studs. We continuously monitor all rooms and offices for anything that could fall and hurt someone or block an exit – and take action to correct these things.

\_\_\_\_\_ **is the primary person responsible for hazard mitigation**, although all staff members are expected to be aware of their environment and make changes as necessary to increase safety.

**DRILLS**

**Fire drills are conducted and documented each month. Disaster drills are conducted** \_\_\_\_\_

\_\_\_\_\_ (how often; quarterly at a minimum – monthly recommended).

## Disaster Plan Approach 2<sup>1</sup>

Our program's name and address is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Our nearest cross-streets are: \_\_\_\_\_

\_\_\_\_\_

Our program's phone number is: \_\_\_\_\_

Our out-of-area contact is: \_\_\_\_\_

Phone number: \_\_\_\_\_

\_\_\_\_\_

The purpose of this plan is to assist child care and other early learning and school-age programs in preparing for and responding to an emergency or disaster.

All programs are encouraged to seek additional information and training around emergency/disaster preparedness from local emergency management and/or public health.

This plan was prepared by the Child Care Health Program of Public Health - Seattle and King County with a great deal of input from Seattle Emergency Management.

It is individualized by each program. For an electronic copy of the plan and other supporting documents, go to:

<http://kingcounty.gov/healthservices/health/child/childcare/preparedness.aspx>

*Revised 7/2011*

<sup>1</sup> **Section Six Appendix A: Disaster Plan 2** adapted from: Seattle-King County Public Health document. See: [www.kingcounty.gov/healthservices/health/child/childcare/preparedness.aspx](http://www.kingcounty.gov/healthservices/health/child/childcare/preparedness.aspx)

**EMERGENCY INFORMATION****Police** \_\_\_\_\_ **9-1-1****Fire/medics** \_\_\_\_\_ **9-1-1****Poison control center** \_\_\_\_\_ **1-800-222-1222****Child protective services** \_\_\_\_\_ **1-800-562-5624****Hospital emergency room** \_\_\_\_\_**Electric/gas company** \_\_\_\_\_**Water/sewer provider** \_\_\_\_\_**Insurance agency** \_\_\_\_\_**Auto policy number** \_\_\_\_\_**Home policy number** \_\_\_\_\_**Radio station with emergency broadcasting** \_\_\_\_\_**Program cell phone** \_\_\_\_\_**Child care licenser** \_\_\_\_\_**Public health nurse** \_\_\_\_\_**Center's planned evacuation sites****Off-site** \_\_\_\_\_**On-site** \_\_\_\_\_**Program out-of-area contact** \_\_\_\_\_

\_\_\_\_\_

**Other:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We have developed this emergency/disaster plan to provide safe care for our children should an emergency or disaster occur during the program day. A copy of this plan is always available for review. It is located \_\_\_\_\_

\_\_\_\_\_.

Staff is introduced to this plan during orientation. Additionally, we review the plan with staff

\_\_\_\_\_ (how)

\_\_\_\_\_ (how often; recommended: monthly, required: annually).

**Fire extinguishers** are located: \_\_\_\_\_.

All staff are trained in the use of fire extinguishers \_\_\_\_\_

(when/how often), \_\_\_\_\_ (by whom).

**Gas shut-off** (if applicable) is located: \_\_\_\_\_.

**Electrical panel** is located: \_\_\_\_\_.

**Water shut-off** is located: \_\_\_\_\_.

The following staff members are trained in utility control (how to turn off gas, electric, water):

\_\_\_\_\_

\_\_\_\_\_

Parents/Guardians are oriented to this plan: \_\_\_\_\_

\_\_\_\_\_ (when, how).

A parent/guardian from each family is asked to sign that they have reviewed the plan.

We ask staff to develop their own disaster plan for home. We encourage families to do the same. Having a plan helps you be in control and decreases anxiety when a disaster occurs. Resources for developing a plan include:

- American Red Cross: [www.redcross.org](http://www.redcross.org)
- Federal Emergency Management Agency (FEMA): [www.fema.gov](http://www.fema.gov)
- Your county health department \_\_\_\_\_

## Hazard mitigation

Assuring a safe environment is an important step in disaster planning. Earthquakes, for example, can move (throw, topple or cause to jump) very heavy objects. Hazard mitigation is key to preventing injuries during a disaster as well as on a daily basis; it is done throughout the facility. Walk through all rooms and look for anything that could fall and hurt someone or block an exit. A common hazard in family home child care is a tall and heavy shelf that a young child could pull down onto themselves, with potential to crush a limb or fracture their skull.

### **Hazard mitigation priorities. When reviewing areas in your home child care space, ask yourself:**

1. Are there objects here that could break and fall and hurt someone?
2. Would/could an object (furniture, light fixture, etc.) break and fall and block a primary exit from the room?

3. Would/could an object (furniture, shelf, etc.) break and fall and keep your program from opening the next day (or soon thereafter)?
4. Would/could a favorite possession break and fall and break your heart?

Knowing that our environment is ever-changing, we regularly re-assess for hazards and correct them as soon as possible. Staff members continuously review their areas to assure the environment is safe. In addition, to assure each area is viewed objectively, we ask staff to look for hazards in program areas in which they usually do not work.

The charts on the following pages track the work done to reduce any hazards in our facility. (*Copy and complete one for **all** rooms, including classrooms, offices, hallways, storage rooms, and kitchen.*)

We formally review our environment for hazards every \_\_\_\_\_ (recommended: monthly).

Hazard mitigation for: \_\_\_\_\_ (room, area)

Safety action taken	Date and comments
Tall or heavy furniture is secured to a wall stud	
Heavy objects are placed low or properly secured	
Shelves have adequate lips or strapping to prevent items from flying off in an earthquake	
Overhead cupboards have safety latches	
Chemicals and poisons are stored safely (including: out of reach of children, in closed cabinets, no bleach and ammonia together)	
Windows are made with safety glass or are adapted to prevent shattering and injury	
Evacuation/exit routes are free from hazards such as equipment, furniture, and other large objects	
All exits are unlocked or can be unlocked or locked from the inside without a key	

Ongoing room review:

Date and initials:						
Action taken:						



## Emergency/disaster supplies

- **Suggestion: grab-and-go bag**
- **Three-day supplies**

### Notes about supplies:

- Three-day supply lists were adapted from the American Red Cross disaster supply lists for schools.
- Supplies can be expensive. To “grow” your stock of appropriate supplies:
  - Review the lists and decide which supplies are priorities at your site.
  - Develop a **supply rotation system** that allows you to use perishable supplies in your normal operations before the expiration date. For example, buy canned food that is normally on your menu, and plan to replace and serve it every 6 months.
  - Team up with another program to buy supplies in bulk.
  - Request a small disaster supply fee from families or **specific** donations.
  - Seek **specific** donations from the community.

### Suggestion: Grab-and-go bag for child care programs

Place a backpack somewhere you can grab it easily on the way out the door – **every time your children leave your home!** The backpack should be labeled for easy identification and should contain:

- Emergency forms for students and staff
- “Rescue” medications with authorization forms
- First aid kit
- Flashlight and batteries
- Whistle
- Bottle of water
- Age-appropriate snacks/infant formula

- Paper cups and/or infant bottles
- Tarp or ground cover and emergency blankets
- Tissues or toilet paper and/or wipes and diapers, as needed
- Plastic bags
- Age-appropriate time passers (books, crayons, paper, etc...)

### What is a grab-and-go bag?

- A grab-and-go bag contains essential items for an emergency.
- It includes things that you may need in the first hour or so following an emergency/disaster.
- A grab-and-go bag contains only a small portion of your disaster supplies, but is a key part of your preparedness and response.
- A grab-and-go bag should be easy to transport. A backpack (daypack) usually makes the best carrier.

### What should our grab-and-go contain?

A grab-and-go bag should include current emergency contact information, a first aid kit, any rescue\* medications with paperwork, and a flashlight. Tarps and/or blankets are also helpful for all ages. Include other items appropriate to the age(s) of children served. Make sure that you can easily carry your grab-and-go bag!)

### Should the grab-and-go bag have enough formula and diapers for all infants?

No. Remember that this bag is designed to meet immediate needs for a limited time. Make sure that you have additional supplies in your three-day disaster supply kit.

### Where should we keep our grab-and-go bags?

The best place to keep it is on a hook by the door that you usually use to exit (and that you are most likely to evacuate through). Your grab-and-go bag should be with you on the playground, field trips, fire drills, or any other planned or unplanned classroom departure. The grab-and-go bag should be out of children’s reach at all times. Don’t make it

too heavy – no one should be tempted to set it on the ground where it would be easily accessible to children.

***We'll have to update our grab-and-go bag from time to time, won't we?***

Absolutely. Make sure you have a system in place for keeping emergency contact information current. Check expiration dates of food, water, batteries, and any medication, and replenish those items regularly. Keep first aid supplies fully stocked.

\*Rescue medications include EpiPens®, asthma inhalers, or any other medications that a specific child may need to keep him/her alive.

**Survival: Three-day supplies per 50 people**

Consider what you will need if all of your enrolled children, your household members and even some neighbors ask for your help because no one can leave the area for three days.

- Most FHCC's would cut the following amounts in half to support a maximum of 25 people for three days, in the event of a disaster.

Water	Shelter
<input type="checkbox"/> 3 gallons of water per adult <input type="checkbox"/> (1 gallon/adult x 3 days) <input type="checkbox"/> 1.5 gallons of water per child <input type="checkbox"/> (1/2 gallon/child x 3 days) <input type="checkbox"/> any tools needed to open water containers <input type="checkbox"/> cups to dispense water Stored: _____	<input type="checkbox"/> (2) 12' X 16' tarps <input type="checkbox"/> (3) 10' poles <input type="checkbox"/> (100 ft) ¼ in. nylon rope <input type="checkbox"/> flashlight w/ (2) extra sets of batteries per staff person <input type="checkbox"/> blanket (fleece, wool, &/or "space") per person <input type="checkbox"/> (5) extra blankets <input type="checkbox"/> (30) plastic sanitation bags <input type="checkbox"/> privacy shelter <input type="checkbox"/> (30) rolls toilet paper <input type="checkbox"/> (50) sanitary napkins <input type="checkbox"/> (30) plastic garbage bags <input type="checkbox"/> (30) rolls paper towels <input type="checkbox"/> (750) soap towelettes packets or baby wipes <input type="checkbox"/> (15) bars of soap <input type="checkbox"/> (5) 5 gal plastic buckets for sanitation/emergency toilets <input type="checkbox"/> (30) 12-hour light sticks <input type="checkbox"/> battery-operated lanterns w/ extra batteries Stored: _____
<b>Food - Emergency Food:</b> <input checked="" type="checkbox"/> Is easy to serve <input checked="" type="checkbox"/> Does not require cooling or heating <input checked="" type="checkbox"/> Has a long shelf life <input checked="" type="checkbox"/> Is stored protected from heat, cold, and pests <input type="checkbox"/> Our emergency food is part of our regular menu rotation. Food for 3 extra days is always on site. <i>(Familiar food can be a comfort during a disaster.)</i> It is rotated _____ (how often) by _____ (whom). <input type="checkbox"/> We have a separate supply of emergency food. Expiration dates are checked _____ (how often) by _____ (whom). We include food for those with food allergies or on special diets. We include age-appropriate food, such as formula and pureed food for infants (when enrolled). Supplies kept with food include: <input type="checkbox"/> Plastic dishes and utensils <input type="checkbox"/> Manual can opener <input type="checkbox"/> Bottles for infants Stored: _____	<b>Special Equipment/Other</b> <input type="checkbox"/> Medical supplies for children with special health care needs: _____ _____ _____ _____ _____ _____ Stored: _____

## Life safety & first aid

Life Safety	First Aid
<input type="checkbox"/> (2) laminated maps of site	<input type="checkbox"/> masking tape
<input type="checkbox"/> (6) hardhats	<input type="checkbox"/> permanent marking pens
<input type="checkbox"/> (1) am/fm battery powered radio	<input type="checkbox"/> first aid reference book
<input type="checkbox"/> (4) walkie talkies	<input type="checkbox"/> assorted adhesive bandages
<input type="checkbox"/> (4) whistles	<input type="checkbox"/> (100) 4 in. by 4 in. compresses
<input type="checkbox"/> (1) orange vest per staff member	<input type="checkbox"/> (15) 8 in. by 10 in compresses
<input type="checkbox"/> (2) shovels	<input type="checkbox"/> (50) roll gauze bandages
<input type="checkbox"/> tools for simple search & rescue*:	<input type="checkbox"/> (5) triangular bandages
<input type="checkbox"/> (1) bolt cutter	<input type="checkbox"/> (2) sm, med, and large
<input type="checkbox"/> (1) pry bar	<input type="checkbox"/> cardboard splints
<input type="checkbox"/> (1) crowbar	<input type="checkbox"/> (20) steri-strips or butterfly
<input type="checkbox"/> (1) pliers	<input type="checkbox"/> bandages
<input type="checkbox"/> (1) hammer	<input type="checkbox"/> (5) boxes of water in sealed
<input type="checkbox"/> (1) set of screwdrivers	<input type="checkbox"/> containers for flushing wounds, etc.
<input type="checkbox"/> (1) wrench	<input type="checkbox"/> (1) small bottle bleach
<input type="checkbox"/> (1) utility knife	<input type="checkbox"/> (1) backboard
<input type="checkbox"/> (1) shovel	<input type="checkbox"/> (1) scissor
<input type="checkbox"/> (3) rolls barrier tape	<input type="checkbox"/> (3) tweezers
<input type="checkbox"/> (3) rolls duct tape	<input type="checkbox"/> (100) non-porous medical gloves
<input type="checkbox"/> Other: _____	<input type="checkbox"/> (5) oval eye patches
<input type="checkbox"/> Other: _____	<input type="checkbox"/> (7) rolls 1" cloth tape
<input type="checkbox"/> Other: _____	<input type="checkbox"/> (5) rolls 2" cloth tape
* For search and rescue training, contact your local emergency management agency.	<input type="checkbox"/> (25) dust masks
Stored: _____	<input type="checkbox"/> thermometer
	<input type="checkbox"/> 3-day supply of critical medications, with authorization forms
	Stored: _____

## Administrative

Administrative Supplies	
<input type="checkbox"/> Master keys to facility and supply container(s) <input type="checkbox"/> Office supplies <input type="checkbox"/> pens <input type="checkbox"/> paper <input type="checkbox"/> tape <input type="checkbox"/> paper clips <input type="checkbox"/> clipboards <input type="checkbox"/> Signs for "Student Release" <input type="checkbox"/> (2) sets staff and student rosters <input type="checkbox"/> Emergency Contact forms	<input type="checkbox"/> Copies of all necessary forms: <input type="checkbox"/> Incident Report Log <input type="checkbox"/> First Aid Log <input type="checkbox"/> Notice of First Aid Care <input type="checkbox"/> Child Release Log <input type="checkbox"/> Child/Staff Accounting Log <input type="checkbox"/> Expenditure Log <input type="checkbox"/> Staff Time Log <input type="checkbox"/> Communications Log <input type="checkbox"/> message form  Stored: _____

- ☐ Our supply inventory is complete; we have obtained all needed supplies. (On-site supplies are indicated by a check in the boxes above.) We have a plan for rotating perishable items.
- ☐ We are continuing to gather supplies. The supplies we have on site are indicated above. We have a plan for rotating perishable items. Our plan for obtaining additional supplies is as follows:

Supplies needed	Plan to obtain	Date to be completed	Person Responsible

## Education

Staff, children, and parents/guardians must be educated about your program's disaster plan and what is expected of them in the event of an emergency or disaster. All adults should be reminded that children take their emotional cues from adults. In general, calm (at least on the outside) adults = calm children.

### Staff are educated about:

- Personal preparedness, including
  - Emergency contacts
  - Home/family plan
  - Three-day supply of food and water at home
- Program's emergency/disaster plan
- Personal role in plan and responsibilities before, during & after disaster
- Safe actions in the event of a fire or earthquake
- Reducing hazards in environment
- Controlling utilities
- \_\_\_\_\_
- \_\_\_\_\_

We educate staff \_\_\_\_\_  
\_\_\_\_\_ (when).

### Children are educated about:

- Safe actions to take in event of a fire or earthquake (if age-appropriate)
- \_\_\_\_\_
- \_\_\_\_\_

We educate children \_\_\_\_\_  
\_\_\_\_\_ (when).

### Parents/guardians are educated about:

- The program's plan, including
  - Care provided to children in all circumstances
  - Communication in case of a disaster
  - Procedures for releasing children

- \_\_\_\_\_
- \_\_\_\_\_

We educate parents/guardians \_\_\_\_\_  
\_\_\_\_\_ (when).

## Drills

Drills provide people with the skills and confidence necessary to respond in an actual disaster situation.

We practice **three** critical drills regularly to assure our staff and students are prepared to respond to emergencies:

- **Fire** (evacuation drill) is practiced monthly, as required by WAC
- **Earthquake** (drop, cover & hold) is practiced \_\_\_\_\_ (how often\*)
- **Lockdown** (Secure building, stay together) is practiced \_\_\_\_\_ (how often\*)
  - Lockdown is most often completed with just staff.
  - If children are included, we use these words, \_\_\_\_\_  
\_\_\_\_\_ (Recommended: "Let's practice being together and staying safe.")
  - Parents/guardians are informed prior to the drill and informed of exactly what to expect.

All of our drills are done with the intent to learn something more. We are thoughtful of what we want to accomplish, and plan accordingly. Each time a drill is completed, we utilize the attached "Drill Record Form" to keep a history of what's been practiced, evaluate how it went, and plan for any needed changes.

Following the drill record form, we have included two sample earthquake drills and two sample lockdown drills - a year's worth of disaster drills (assuming they are done quarterly).

In addition, we practice other parts of our plan at various times of the year to assure we are ready. Typical practice could include:

- Distributing water
- Setting up shelters
- Reuniting children and their families
- Getting an "emergency" message to families, etc.

CHILD CARE/EARLY LEARNING DISASTER DRILL RECORD			
Date of drill		Time of drill	
Brief description of drill			
Objectives	Evaluation	Changes to be made	When changes are made
Name of person/licensee organizing drill			



## Response

It is helpful to know which disasters could occur in your area. The following pages provide a response guide to the particular situations listed below (in alphabetical order). This guide is a reference for responding to an incident. Situations and sites differ – use your best judgment.

### BOMB THREAT

In the event someone calls in with a threat, check caller ID if available.

- Signal to another staff member to call 911, if able. (Write “BOMB threat” on piece of paper, along with phone number on which call was received.)
- **Before you hang up**, get as much information from caller as possible.

#### Ask caller:

- Where is the bomb?
- When is it going to explode?
- What will cause the bomb to explode?
- What does the bomb look like?
- What kind of bomb is it?
- Why did you place the bomb?

#### Note the following:

- Exact time of call
- Exact words of caller
- Caller’s voice characteristics (tone, male/female, young/old, etc.)
- Background noise
- Do not touch any suspicious packages or objects.
- Avoid running or anything that would cause vibrations in building.
- Avoid use of cell phones and two-way radios.
- Confer with police regarding evacuation. If evacuation is required, follow evacuation procedures.

### CHEMICAL OR RADIATION EXPOSURE

- If emergency is widespread, monitor local radio for information and emergency instructions.
- Prepare to **shelter-in-place** or **evacuate**, as per instructions.
- If inside, stay inside (unless directed otherwise).
- If exposed to chemical or radiation outside:
  - Remove outer clothing, place in a plastic bag, and seal. (Be sure to tell emergency responders about bag so it can be removed.)
- Take shelter indoors.
- If running water/shower is available, wash in cool to warm water with plenty of soap and water. Flush eyes with plenty of water.

### DANGEROUS PERSON

If a person at or near your program site is making children or staff uncomfortable, monitor the situation carefully, communicate with other staff, and be ready to put your plan into action.

- Immediately let staff know of a dangerous or potentially dangerous person.
- Initiate **lockdown**.
- Call 911 from a safe place.

#### If the person is in building:

- Try to isolate the person from children and staff.
- Do not try to physically restrain or block the person.
- Remain calm and polite; avoid direct confrontation.

**If children are outside:**

and dangerous iperson is outside:

- Quickly gather children and return inside and initiate lockdown procedures. If this is not possible, evacuate to designated evacuation site.

and dangerous person is in the building:

- Quickly gather children and evacuate to designated evacuation site.

**If children are inside:** Keep children in secure rooms or classrooms and initiate **lockdown**.

- Escort children to designated meeting spot outside and account for all children, staff, and visitors.
- Shut off main gas valve if you smell gas or hear hissing sound.
- Monitor radio for information and emergency instructions.
- Stay off all phones (for 3-5 hours) unless you have a life-threatening emergency.
- Call out-of-area contact when possible to report status and inform of immediate plan.
- Remain outside of building until it has been inspected for re-entry.

## EARTHQUAKE

---

**Indoors:** Quickly move away from windows, unsecured tall furniture, and heavy appliances.

- Everyone DROP, COVER, and HOLD.
  - **Drop** to floor
  - **Cover** head and neck with arms and take cover under heavy furniture or against internal wall
  - **Hold on** to furniture if under it and hold position until shaking stops
- Keep talking to children in a calm manner until safe to move.
- Do not attempt to run or attempt to leave building while earth is shaking.

**Outside:** Move to clear area, as far as possible from glass, brick and power lines.

- **Drop and cover.**

**After earthquake:** Account for all children, staff, and visitors.

- Check for injuries and administer first aid as necessary. Call 911 for life-threatening emergency.
- Expect aftershocks.
- Determine if evacuation is necessary and if outside areas are safe. If so, evacuate building calmly and quickly.

## EVACUATION

---

**On site:** Escort children to designated meeting spot, taking:

- Attendance sheets
- Emergency contact information\*
- First aid kit\*
- Critical and rescue medications (including EpiPens and asthma inhalers) and necessary paperwork\*
- Cell phone
  - Food, water, and diapers\*

If safe to do so, search all areas, (bathrooms, closets, play structures, etc.), to ensure that all have left the building.

Account for all children, staff, and visitors.

Our pre-planned, on-site evacuation place is: \*\*

**Off-site:** Escort children to designated meeting spot.

- Search all areas, including bathrooms, closets, playground structures, etc., to ensure that all have left the building.
- Account for all children, staff, and visitors.

- Leave note at program site indicating where you are going.
- Evacuate to safe location, taking:
  - Attendance sheets
  - Emergency contact information\*
  - First aid kit\*
  - Critical and rescue\* medications (including EpiPens and asthma inhalers) and necessary paperwork
  - Cell phone
  - Food, water, and diapers\*
  - Battery-operated radio
- Once out of danger, contact parents/guardians or emergency contacts. If unable to get through, phone out-of-area emergency contact or 911 to let them know of your location.

Our pre-planned, off-site evacuation places are: \*\*

\*Include in "grab-and-go" backpack next to exit door for quick and easy access.

\*\*Circumstances of any given disaster may necessitate changing evacuation site. You are responsible for identifying an alternate location, if needed. Post evacuation location on main door to program or previously designated place.

## FIRE

Activate fire alarm or otherwise alert staff that there is a fire (yell, whistle).

Evacuate the building quickly and calmly:

- If caught in smoke, have everyone drop to hands and knees and crawl to exit.
- Pull clothing over nose and mouth to use as a filter for breathing.
- If clothes catch fire, **stop, drop, and roll** until fire is out.
- Take attendance sheets and emergency forms, if immediately available.

- Have staff person check areas where children may be located or hiding before leaving building.

Gather in meeting spot outside and account for all children, staff, and visitors.

Call 911 from outside of building.

Do not re-enter building until cleared by fire department.

**Have a fire plan and make sure everyone is familiar with it. Practice fire drills every month!**

## FLOOD

Be aware of any **flood watch**: flooding may occur in your area.

**Flood warning**: flooding will occur or is occurring in your area.

**If flooding is in area:**

- Determine if program should be closed.
- Notify parents/guardians to pick up or not drop off children if program is to be closed.
- Monitor radio for storm updates and any emergency instructions.

**If site is in (imminent) danger of being flooded:**

- Escort children to designated meeting spot.
- Search all areas, including bathrooms, closets, playground structures, etc., to ensure that all have left the building.
- Account for all children, staff, and visitors.
- Leave note at program site indicating where you are going.

EVACUATE to safe location on higher ground, taking:

- Attendance sheets
- Emergency contact information
- First aid kit
- Critical and rescue medications (including asthma meds, EpiPens) and forms
- Cell phone

- Food, water, and diapers
- Battery-operated radio.

Do not try to walk or drive through flooded areas.

- Stay away from moving water and downed power lines.
- Once out of danger, contact parents/guardians or emergency contacts. If unable to get through, phone out-of-area emergency contact or 911 to let them know of your location.
- If you have come into contact with floodwaters, wash hands well with soap and water.
- Throw away food that has come into contact with floodwaters.
- Consult with local health department regarding cleanup measures.

## HEAT WAVE

Limit outdoor play when heat index is at or above 90 degrees F.

- Ensure everyone drinks plenty of water.
- Remove excess layers of clothing. (Encourage parents/guardians to dress children in light-weight, light-colored clothing.)
- Keep movement to a minimum.

### Be alert for signs of heat exhaustion:

- Cool, moist, pale or flushed skin
- Heavy sweating
- Headache
- Nausea
- Dizziness
- Exhaustion
- Normal or below normal body temperature

**Administer first aid – take steps to cool person down – and call for help, if necessary.**

### Heat stroke:

- **Very** high body temperature (more than 102 degrees F axillary)
- Hot, red skin either dry or moist from exercise
- Changes in consciousness
- Weak rapid pulse
- Rapid, shallow breathing
- Vomiting

**Call 911 immediately and take steps to cool person down.**

Children may not adapt to extremes of temperature as effectively as adults because they produce more heat (relatively) than adults when exercising and have a lower sweating capacity.

## LANDSLIDE OR MUDFLOW

**Landslides** are generally associated with heavy rain-fall and rapid snowmelt.

**Mudflows** are fast-moving landslides that usually begin on steep hillsides. Volcanic eruption may also cause mudflows.

Recognize signs of slides:

- Unusual sounds outside, such as rumbling, trees cracking, or rocks colliding
- New cracks appearing in building
- Fences, poles, trees tilting or moving
- **Evacuate, if possible.**

If too late to evacuate:

**Indoors:** Take cover under sturdy furniture.

**Outside:** Get out of path of slide.  
Run to high ground (up hill), away from slide.  
If debris approaching, run for cover of trees or building.  
If escape not possible, curl into ball and protect head.

- Account for all children, staff, and visitors.

- Check for injured or trapped persons near slide area, but stay clear of danger and await rescue personnel.
- Stay away from slide area – additional slides may follow.
- Be alert for flooding, which may follow slide.

## LIGHTNING

### Indoors:

- Avoid use of telephone, electrical appliances, and plumbing as much as possible. (Wires and metal pipes can conduct electricity.)
- Move away from windows. Cover windows with shades or blinds, if available.

### Outside:

- Seek shelter inside an enclosed building.

## LOCKDOWN

- Lock outside doors and windows.
- Close and secure interior doors.
- Close any curtains or blinds.
- Turn off lights.
- Keep everyone away from doors and windows. Stay out of sight, preferably sitting on floor.
- Bring attendance sheets, first aid kits, pacifiers and other comforting items, and books to lockdown area, if possible.
- Maintain a calm atmosphere in room by reading or talking quietly to children.
- If phone is available in classroom, call 911 to ensure emergency personnel have been notified.
- Remain in lockdown until situation resolved.
- Notify parents/guardians about any lockdown, whether practice or real.

## MISSING OR KIDNAPPED CHILD

### Missing child

- Search program site, including all places a child may hide and nearby bodies of water.
- Contact parent(s)/guardian(s) to determine if child is with family.
- Call 911 with:
  - **Child's name and age**
  - **Address of program**
  - **Physical description of child**
  - **Description of child's clothing**
  - **Medical condition of child, if appropriate**
  - **Time and location child was last seen**
  - **Person with whom child was last seen.**
- Have child's information, including photo, available for police when they arrive.
- Continue to search in and around site for child.

## KIDNAPPED CHILD

- Call 911 with:
  - **Child's name and age**
  - **Address of program**
  - **Physical description of child**
  - **Description of child's clothing**
  - **Medical condition of child, if appropriate**
  - **Time and location child was last seen**
  - **Person with whom child was last seen.**

Have child's information, including photo, available for police when they arrive. Parent(s)/guardian(s) should be contacted by police to explain situation.

### Help prevent kidnapping:

- **Do not release child to anyone other than parent, guardian, or designated emergency contact.**
- **Call 911 if adults or children express concern about a person at or near program site.**

- **Encourage parents and guardians to make you aware of any custody disputes, which may put child at risk for kidnapping.**

## **PANDEMIC FLU/CONTAGIOUS DISEASE**

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- Wash hands well and often.
- Remind parents and guardians that emergency contact information must be current and complete.
- Enforce illness exclusion policies for children and staff. Insist that sick children and staff stay home or go home.
- Have and follow a plan to keep ill children away from well children while they are waiting to go home.
- Keep an illness log of sick children and staff - those sent home and those kept at home.
- Close rooms as necessary due to staff illness (to maintain safe ratios).
- Reinforce teaching about good respiratory etiquette:
  - Use a tissue (or a sleeve, in a pinch) to catch a sneeze or cough.
  - Throw used tissues in a hands-free trash can.
  - Wash your hands after using a tissue or helping a sick child.
- Monitor local and state public health websites and other news media for current pandemic flu status information, recommendations, and instructions.

## **POWER OUTAGE**

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### **Determine why power is out.**

- **If electrical problems are in building: Take out flashlights and prepare to evacuate.**
- **If severe weather caused outage:**
  - Take out flashlights. (Do not use candles or any alternate lighting source with a flame.)

- Account for all children, staff, and visitors.
  - Report power outage to power company on hard-wired phone.
  - Do not call 911, except to report an emergency.
  - Turn off or disconnect any appliances, electrical equipment, or electronics that were in use.
  - Leave one light on to indicate when power returns.
- Keep refrigerator and freezer doors closed.

### **If weather is cold:**

- Ensure everyone is wearing several layers of warm, dry clothing.
- Have everyone move to generate heat. (Lead the class in physical activity or movement games.)
- Never use oven as source of heat.
- Never burn charcoal for heating or cooking indoors.
- Only use an available generator outdoors and far from open windows and vents.

### **If weather is hot:**

- Move to lower floors, if possible.
- Remove excess layers of clothing.
- Ensure everyone drinks plenty of water.

## **SEVERE STORM**

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- Be aware of any **storm watch**: storm may affect area

**Storm warning:** storm will soon be in or already is in area

- Determine if program should be closed.
- Notify parents/guardians to pick up or not drop off children if program is to be closed.
- Monitor radio for storm updates and emergency instructions.
- Use telephone for essential communication only.

## SHELTER-IN-PLACE

Shelter-in-place means to take immediate shelter where you are (in your home). It may also mean “seal the room”—in other words, take steps to prevent outside air from coming in. This is because local authorities may instruct you to shelter-in-place if chemical or radiological contaminants are released into the environment. It is important to listen to TV or radio to understand whether the authorities wish you to merely remain indoors or to take additional steps to protect yourself and your family.<sup>2</sup>

- Gather everyone inside.
- Shut down ventilation system, fans, clothes dryer.
- Close doors and close and lock windows.
- Gather all children, staff, and visitors in room(s) with fewest doors and windows toward center of building.
- Bring attendance sheets, first aid kits, and emergency supplies.
- Account for all children, staff, and visitors.
- Close off nonessential rooms. Close as many interior doors as possible.
- Seal off windows, doors, and vents as much as possible.
- Monitor radio for information and emergency instructions.
- Phone out-of-area emergency contact.

## TSUNAMI

If your program is located in a tsunami hazard area:

Know:

- **Height of your street above sea level** \_\_\_\_\_
- **Distance of your street from coast or other high-risk waters** \_\_\_\_\_

Evacuation orders may be based on these numbers.

<sup>2</sup> CDC, Retrieve from:  
<http://emergency.cdc.gov/preparedness/shelter/>

Have a plan for rapid **evacuation** out of hazard area.

Practice your tsunami evacuation route with staff.

Be aware of signs that a tsunami may be approaching:

- Noticeable rapid rise or fall in coastal waters.
- Strong earthquake lasting 20 seconds or more near the coast.

In case of strong earthquake lasting 20 seconds or more near the coast:

- Drop, cover, and hold.
- When shaking stops, gather children and staff and **evacuate** quickly to higher ground away from coast.

If you learn that an area has experienced a large earthquake, even if you do not feel shaking, listen to local radio station or NOAA Weather Radio for information from the Tsunami Warning Centers.

**Tsunami warning:** Tsunami expected. Full evacuation suggested.

**Tsunami watch:** Danger level not yet known. Stay alert for more information and prepare to evacuate.

A tsunami is a series of waves that may continue for hours. Wait for official notification before returning to site.

## VOLCANO

**Monitor radio for information and emergency instructions.**

- **If there is ashfall in your area, be prepared to stay indoors.**
- **Evacuate if advised to do so by authorities.**

**Indoors:**

- Close all windows and doors.
- Closely monitor anyone who has asthma or other respiratory difficulties – follow care plan.
- Ensure that infants and those with respiratory difficulties avoid contact with ash.



**Outside:**

- Cover nose and mouth.
- Wear goggles to protect eyes.
- Keep skin covered with clothing.
- Avoid driving in heavy ashfall – driving will stir up ash and stall vehicles.
- Clear roofs of ashfall. (Do not allow accumulation of more than 4 inches.)

**Be aware that volcanoes are often accompanied by:**

- Earthquakes
- Ashfall and acid rain
- Landslides and rockfalls
- Mudflows and flash floods    Tsunamis

**WINDSTORM**

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**Indoors:**

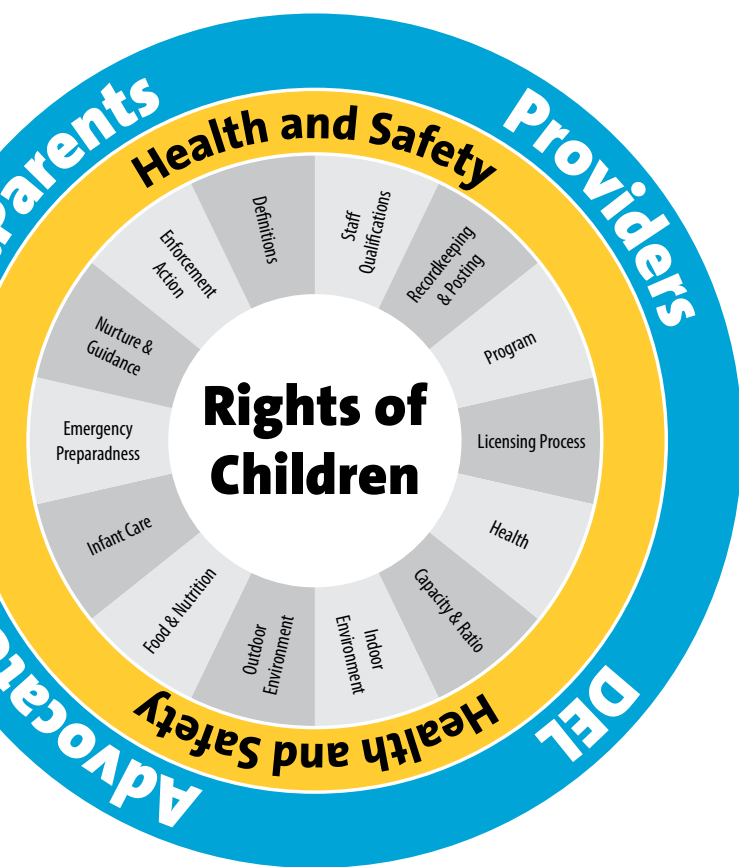
- Move away from windows. Cover windows with shades or blinds, if available.
- Consider moving to interior rooms/hall and lower floors.

**Outside:**

- Move indoors, avoiding any downed power lines or trees.

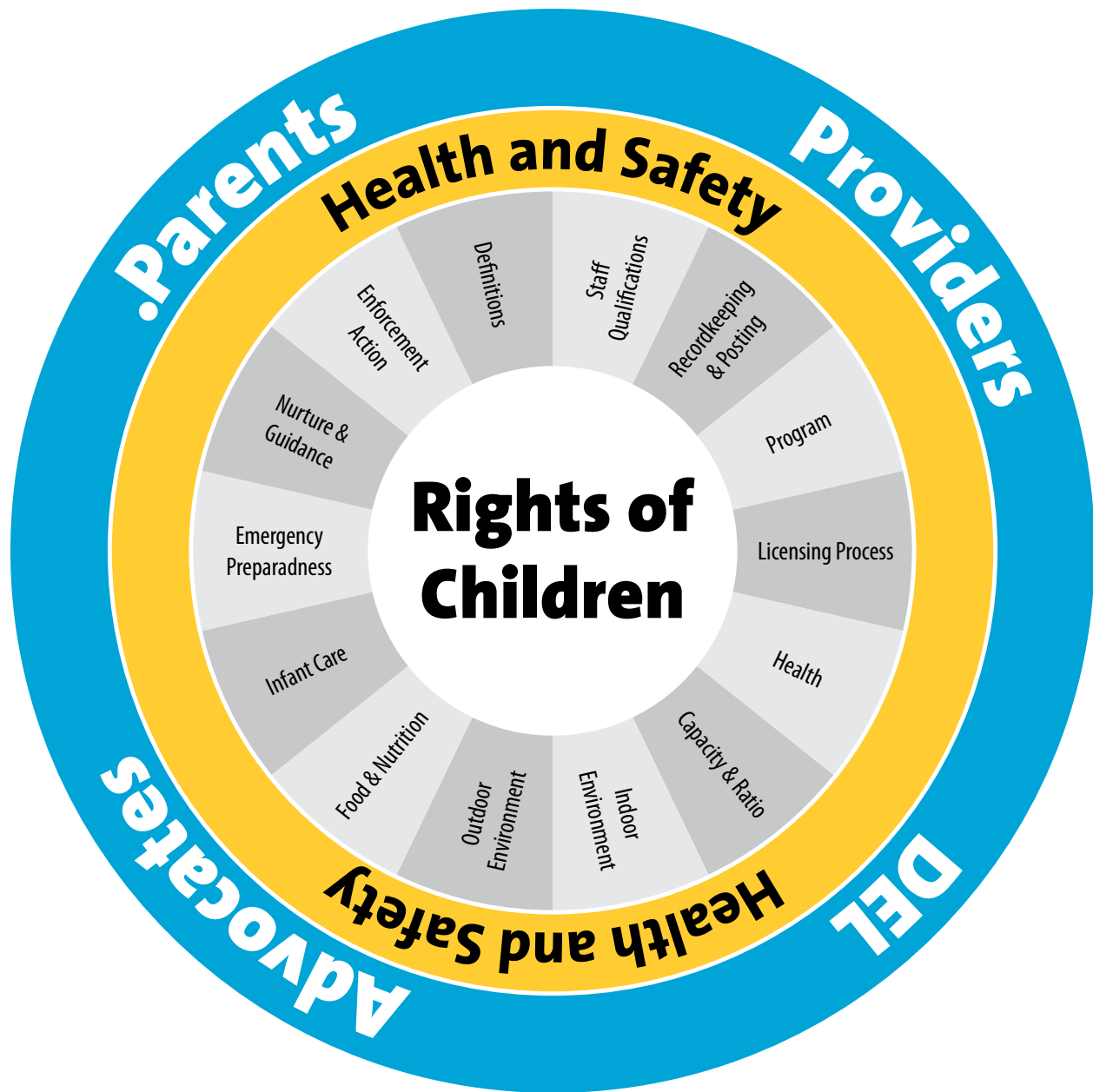


# 7. RESOURCES



In this section you will find:

- Contents by WAC in Numerical Order
- Summary of WACs by Section and Topic
- Contents by Topic
- DEL Licensing Forms and Resources
- Sources Used to Write the Guide
- Websites by Topic Areas
- Abbreviations, Glossary and Definitions



These Guiding Principles were adopted by the Negotiated Rule Making Team (NRMT) as the intent of the Family Home Child Care WAC revision project. The NRMT was formed in 2007 by the Department of Early Learning (DEL) and the Service Employees International Union Local 925 under RCW [43.215.350](#). As illustrated in the wheel above, at the core of the newly envisioned WAC are the **Rights of Children** to have healthy and safe child care, supported by parents, child care providers, advocates and DEL.

# Contents by WAC in Numerical Order

The following WACs in numerical order are listed by section and licensing topic. If you are reading this online, the WAC numbers are linked to the Washington State Legislature website for licensed family home child care standards and chapter 170-296A. If you are reading this in hardcopy and want access to the online WACs, go to:

[apps.leg.wa.gov/wac/default.aspx?cite=170-296A](https://apps.leg.wa.gov/wac/default.aspx?cite=170-296A)

## *Section One – The Licensing Process*

<a href="#">170-296A-0001</a>	Authority .....	Section One
<a href="#">170-296A-0005</a>	Intent. ....	Section One
<a href="#">170-296A-0010</a>	Definitions. ....	Section One
<a href="#">170-296A-0050</a>	Special needs accommodations .....	Section One

## **LICENSING PROCESS .....SECTION ONE**

<a href="#">170-296A-1000</a>	License required.
<a href="#">170-296A-1025</a>	Who must be licensed.
<a href="#">170-296A-1050</a>	The licensee.
<a href="#">170-296A-1075</a>	Child care subsidy.
<a href="#">170-296A-1100</a>	Tribal or military regulated or operated child care — Certification for payment.
<a href="#">170-296A-1125</a>	Orientation required.
<a href="#">170-296A-1150</a>	Preservice training.
<a href="#">170-296A-1175</a>	Child Care Basics training.
<a href="#">170-296A-1200</a>	Background checks.
<a href="#">170-296A-1225</a>	Noncriminal background checks for individuals 13 to 16 years of age.
<a href="#">170-296A-1250</a>	Initial license application packet — Contents.
<a href="#">170-296A-1275</a>	Initial license application processing.
<a href="#">170-296A-1300</a>	Withdrawing an incomplete application.
<a href="#">170-296A-1325</a>	Fees — When due.
<a href="#">170-296A-1360</a>	Lead and arsenic hazards — Tacoma smelter plume.
<a href="#">170-296A-1375</a>	Private septic system — Inspection and maintenance.
<a href="#">170-296A-1400</a>	Private well and water system.
<a href="#">170-296A-1410</a>	Department inspection.
<a href="#">170-296A-1420</a>	Licensee declaration.
<a href="#">170-296A-1430</a>	Initial license.
<a href="#">170-296A-1450</a>	Non-expiring full license.
<a href="#">170-296A-1475</a>	Moves.
<a href="#">170-296A-1525</a>	Change in circumstances.
<a href="#">170-296A-1600</a>	Multiple licenses, certifications or authorizations.
<a href="#">170-296A-1625</a>	Exception to rule.
<a href="#">170-296A-1650</a>	Exception to rule – Alternate method of meeting a requirement

## **SUPERVISION, CAPACITY AND RATIO .....SECTION ONE**

<a href="#">170-296A-5400</a>	Infant-toddler only license (birth to two years old).*
<a href="#">170-296A-5450</a>	Two through five year old only license.*
<a href="#">170-296A-5500</a>	School age only license (over five years through 12 years).*
<a href="#">170-296A-5550</a>	Birth through 12 years license.
<a href="#">170-296A-5600</a>	Staff-to-child ratio.
<a href="#">170-296A-5625</a>	Capacity and ratio.
<a href="#">170-296A-5700</a>	Capacity and ratio table — Birth through 12 year license.

\*WACs are reserved for later development by DEL.

## **LICENSEE RESPONSIBILITIES .....SECTION ONE**

<a href="#">170-296A-5750</a>	Supervision.
<a href="#">170-296A-5775</a>	Licensee absence.
<a href="#">170-296A-5810</a>	Licensee notice of absences.
<a href="#">170-296A-5825</a>	Licensee absence — Retraining for staff if standards are violated.

## **ENFORCEMENT OF LICENSING STANDARDS .....SECTION ONE**

<a href="#">170-296A-8000</a>	Facility licensing compliance agreements.
<a href="#">170-296A-8010</a>	Nonreferral status.
<a href="#">170-296A-8025</a>	Time period for correcting a violation.
<a href="#">170-296A-8050</a>	Civil monetary penalties (fines).
<a href="#">170-296A-8060</a>	When fines are levied.
<a href="#">170-296A-8075</a>	Fines — Payment period.
<a href="#">170-296A-8100</a>	Notice of fine — Posting.
<a href="#">170-296A-8125</a>	Failure to pay a fine — Department action.
<a href="#">170-296A-8150</a>	Denial, suspension, revocation, modification, or non-continuation of a license.
<a href="#">170-296A-8175</a>	Violations — Enforcement action.
<a href="#">170-296A-8225</a>	Notice of license denial, suspension, revocation, or modification.
<a href="#">170-296A-8250</a>	Probationary license.
<a href="#">170-296A-8275</a>	Probationary license — Cause.
<a href="#">170-296A-8300</a>	Issuing a probationary license.
<a href="#">170-296A-8325</a>	Refusing a FLCA or probationary license.
<a href="#">170-296A-8350</a>	Providing unlicensed care — Notice.
<a href="#">170-296A-8375</a>	Unlicensed care — Fines and other penalties.
<a href="#">170-296A-8400</a>	Hearing process.

## *Section Two: The Licensee and Staff*

## **STAFF QUALIFICATIONS ..... SECTION TWO**

<a href="#">170-296A-1700</a>	Licensee minimum age.
<a href="#">170-296A-1725</a>	License applicant minimum education.
<a href="#">170-296A-1735</a>	Minimum education — Licensees licensed prior to March 31, 2012.
<a href="#">170-296A-1750</a>	Tuberculosis.
<a href="#">170-296A-1800</a>	Ongoing training.
<a href="#">170-296A-1825</a>	First aid and cardio pulmonary resuscitation (CPR) certification.
<a href="#">170-296A-1850</a>	HIV/AIDS training — Bloodborne pathogens plan.
<a href="#">170-296A-1875</a>	Primary staff person.
<a href="#">170-296A-1900</a>	Primary staff person minimum age.

<a href="#">170-296A-1910</a>	Child Care Basics training.
<a href="#">170-296A-1925</a>	Assistants and volunteers — Supervision.
<a href="#">170-296A-1950</a>	Assistants and volunteers — Minimum age.
<a href="#">170-296A-1975</a>	Licensee/staff qualifications and requirements table.

## Section Three: Care and Education of Young Children

### NURTURE AND GUIDANCE.....SECTION THREE

<a href="#">170-296A-6000</a>	Interactions with children.
<a href="#">170-296A-6025</a>	Prohibited interactions.
<a href="#">170-296A-6050</a>	Guidance and discipline.
<a href="#">170-296A-6075</a>	Positive options for discipline.
<a href="#">170-296A-6100</a>	Separating a child from the group.
<a href="#">170-296A-6125</a>	Harmful or aggressive acts of children.
<a href="#">170-296A-6150</a>	Prohibited actions.
<a href="#">170-296A-6175</a>	Using alternate methods before using physical restraint.
<a href="#">170-296A-6200</a>	Physical restraint — Prohibited uses or methods.
<a href="#">170-296A-6225</a>	Physical restraint — Holding method allowed.
<a href="#">170-296A-6250</a>	Notice and documenting use of physical restraint.
<a href="#">170-296A-6275</a>	Abuse and neglect — Protection and training.

### PROGRAM .....SECTION THREE

<a href="#">170-296A-6400</a>	Off-site activities — Parent or guardian permission.
<a href="#">170-296A-6425</a>	Off-site activity supervision.
<a href="#">170-296A-6450</a>	Off-site activity — Emergency information and supplies.
<a href="#">170-296A-6475</a>	Transportation.
<a href="#">170-296A-6500</a>	Using public transportation.
<a href="#">170-296A-6525</a>	Transporting children — Limited periods.
<a href="#">170-296A-6550</a>	Developmental activities.
<a href="#">170-296A-6575</a>	Activities to promote child growth and development.
<a href="#">170-296A-6600</a>	Toys and play materials.
<a href="#">170-296A-6625</a>	Art materials.
<a href="#">170-296A-6650</a>	Screen time.
<a href="#">170-296A-6675</a>	Screen time — Limitations.
<a href="#">170-296A-6700</a>	Limiting screen time for children under two.
<a href="#">170-296A-6775</a>	Diversity.
<a href="#">170-296A-6800</a>	Rest periods.
<a href="#">170-296A-6850</a>	Overnight care.

### INFANT CARE .....SECTION THREE

<a href="#">170-296A-7000</a>	Wheeled baby walkers prohibited.
<a href="#">170-296A-7025</a>	Infant “tummy time” positioning.
<a href="#">170-296A-7075</a>	Infant and toddler sleeping or napping equipment.
<a href="#">170-296A-7085</a>	Cribs.
<a href="#">170-296A-7100</a>	Infant care — Procedures to reduce the risk of sudden infant death syndrome (SIDS).
<a href="#">170-296A-7125</a>	Infant bottles.
<a href="#">170-296A-7150</a>	Breast milk.
<a href="#">170-296A-7175</a>	Bottle feeding infants.

<a href="#">170-296A-7200</a>	Feeding solid food to infants.
<a href="#">170-296A-7225</a>	High chairs.
<a href="#">170-296A-7250</a>	Diapering and toileting.
<a href="#">170-296A-7275</a>	Diaper disposal.
<a href="#">170-296A-7300</a>	Diaper changing.
<a href="#">170-296A-7350</a>	Toilet training.
<a href="#">170-296A-7375</a>	Potty chairs or modified toilet seats.

## **FOOD SERVICE AND NUTRITION .....SECTION THREE**

<a href="#">170-296A-7500</a>	Food must meet USDA guidelines.
<a href="#">170-296A-7525</a>	Parent or guardian-provided food.
<a href="#">170-296A-7550</a>	Home canned foods.
<a href="#">170-296A-7575</a>	Drinking water.
<a href="#">170-296A-7600</a>	Serving milk.
<a href="#">170-296A-7625</a>	Meal and snack schedule.
<a href="#">170-296A-7650</a>	Serving foods.
<a href="#">170-296A-7675</a>	Food handler permits.
<a href="#">170-296A-7680</a>	Safe food handling.
<a href="#">170-296A-7700</a>	Washing dishes.
<a href="#">170-296A-7725</a>	Food containers and utensils.
<a href="#">170-296A-7750</a>	Food preparation area.

## *Section Four: Environments*

## **ENVIRONMENTS ..... SECTION FOUR**

<a href="#">170-296A-4200</a>	Toys, equipment, and recalled items.
<a href="#">170-296A-4225</a>	Indoor licensed space — Minimum space.
<a href="#">170-296A-4250</a>	Indoor temperature.
<a href="#">170-296A-4275</a>	Fans, air conditioning or cross ventilation.
<a href="#">170-296A-4300</a>	Window coverings.
<a href="#">170-296A-4325</a>	Stairs.

## **ELECTRICAL AND LIGHTING ..... SECTION FOUR**

<a href="#">170-296A-4350</a>	Electrical outlets, cords and power strips.
<a href="#">170-296A-4360</a>	Area lighting
<a href="#">170-296A-4375</a>	Lighting safety

## **EXITS ..... SECTION FOUR**

<a href="#">170-296A-4400</a>	Exit doors.
<a href="#">170-296A-4425</a>	Night latches, deadbolts and security chains.
<a href="#">170-296A-4450</a>	Interior door and locks.
<a href="#">170-296A-4475</a>	Emergency exit pathways.
<a href="#">170-296A-4500</a>	Emergency exits — General.
<a href="#">170-296A-4525</a>	Emergency exit doors.
<a href="#">170-296A-4550</a>	Emergency exit windows.
<a href="#">170-296A-4575</a>	Emergency exits from areas used only for sleeping/napping areas.
<a href="#">170-296A-4600</a>	Commercial use areas — Fire wall.
<a href="#">170-296A-4625</a>	Bathrooms.



<a href="#">170-296A-4650</a>	Bathroom floors.
<a href="#">170-296A-4675</a>	Bathroom sinks.
<a href="#">170-296A-4700</a>	Water temperature.
<a href="#">170-296A-4725</a>	Guns and other weapons.
<a href="#">170-296A-4750</a>	Storage for each child's belongings.

## **PETS AND OTHER ANIMALS..... SECTION FOUR**

<a href="#">170-296A-4800</a>	Pet and animal policy.
<a href="#">170-296A-4850</a>	Pet/animal health and safety.
<a href="#">170-296A-4875</a>	Pets or other animals interacting with children.
<a href="#">170-296A-4900</a>	Pet wastes.

## **OUTDOOR ENVIRONMENT ..... SECTION FOUR**

<a href="#">170-296A-4925</a>	Licensed outdoor space.
<a href="#">170-296A-4950</a>	Rails on platforms, decks, and stairs.
<a href="#">170-296A-5000</a>	Play equipment.
<a href="#">170-296A-5025</a>	Outdoor physical activities.
<a href="#">170-296A-5050</a>	Bouncing equipment prohibited.
<a href="#">170-296A-5075</a>	Playground equipment — Ground cover — Fall zones.
<a href="#">170-296A-5125</a>	Daily outdoor activity.

## **WATER SAFETY..... SECTION FOUR**

<a href="#">170-296A-5150</a>	Water activity — Supervision.
<a href="#">170-296A-5175</a>	Wading pools — Defined — Supervision.
<a href="#">170-296A-5200</a>	Swimming pools defined — Barriers and supervision.
<a href="#">170-296A-5225</a>	Bodies of water or water hazards on the licensed premises.
<a href="#">170-296A-5250</a>	Bodies of water outside and near licensed space.

## *Section Five: Health, Safety and Nutrition*

## **FIRE AND EMERGENCY PREPAREDNESS .....SECTION FIVE**

<a href="#">170-296A-2525</a>	Building codes.
<a href="#">170-296A-2550</a>	Requesting local fire department visit.
<a href="#">170-296A-2575</a>	Combustible and flammable materials.
<a href="#">170-296A-2600</a>	Furnaces and other heating devices.
<a href="#">170-296A-2625</a>	Electrical motors.
<a href="#">170-296A-2650</a>	Inspection of fireplaces, wood stoves, or similar wood-burning heating devices.
<a href="#">170-296A-2675</a>	Open flame devices, candles, matches and lighters.
<a href="#">170-296A-2700</a>	Emergency flashlight.
<a href="#">170-296A-2725</a>	Portable heaters and generators.
<a href="#">170-296A-2750</a>	House numbers.
<a href="#">170-296A-2775</a>	Telephone.
<a href="#">170-296A-2800</a>	Access for emergency vehicles.
<a href="#">170-296A-2825</a>	Fire evacuation plan.
<a href="#">170-296A-2850</a>	Disaster plan.
<a href="#">170-296A-2875</a>	Fire, disaster training for staff and volunteers.
<a href="#">170-296A-2900</a>	Emergency drills.
<a href="#">170-296A-2925</a>	Record of emergency drills.

<a href="#">170-296A-2950</a>	Smoke and carbon monoxide detectors.
<a href="#">170-296A-2975</a>	Additional method to sound an alarm.
<a href="#">170-296A-3000</a>	Fire extinguishers.
<a href="#">170-296A-3025</a>	Fire extinguisher, smoke/carbon monoxide detector use and testing.
<a href="#">170-296A-3050</a>	Monthly fire inspection.

## **HEALTH.....SECTION FIVE**

<a href="#">170-296A-3200</a>	Health plan.
<a href="#">170-296A-3210</a>	Communicable disease procedure.
<a href="#">170-296A-3250</a>	Immunization tracking.
<a href="#">170-296A-3275</a>	Accepting a child who does not have current immunizations.
<a href="#">170-296A-3300</a>	Immunizations — Exemption.
<a href="#">170-296A-3315</a>	Medication management.
<a href="#">170-296A-3325</a>	Medication storage.
<a href="#">170-296A-3375</a>	Medication permission.
<a href="#">170-296A-3425</a>	Medication requirements.
<a href="#">170-296A-3450</a>	Sedating a child prohibited.
<a href="#">170-296A-3475</a>	Prescription medication.
<a href="#">170-296A-3525</a>	Nonprescription medications.
<a href="#">170-296A-3550</a>	Children taking their own medication.
<a href="#">170-296A-3575</a>	Injuries requiring first aid only.
<a href="#">170-296A-3600</a>	Injuries or illness requiring professional medical treatment.
<a href="#">170-296A-3625</a>	Handwashing.
<a href="#">170-296A-3650</a>	Hand sanitizers.
<a href="#">170-296A-3675</a>	When handwashing is required.
<a href="#">170-296A-3700</a>	Carpets.
<a href="#">170-296A-3725</a>	Where children may sleep.
<a href="#">170-296A-3750</a>	Mats, cots and other sleeping equipment.
<a href="#">170-296A-3775</a>	Bedding.
<a href="#">170-296A-3800</a>	Overnight sleeping.
<a href="#">170-296A-3825</a>	Loft style and bunk beds.
<a href="#">170-296A-3850</a>	Cleaning laundry.
<a href="#">170-296A-3875</a>	Cleaning and sanitizing toys.
<a href="#">170-296A-3925</a>	Cleaning, sanitizing, and disinfecting table.
<a href="#">170-296A-3950</a>	Pest control.
<a href="#">170-296A-4000</a>	Lead, asbestos, arsenic and other hazards.
<a href="#">170-296A-4025</a>	Drugs and alcohol.
<a href="#">170-296A-4050</a>	No smoking.
<a href="#">170-296A-4075</a>	First Aid kit
	170-296A-4100 Poisons, chemicals and other substances

## *Section Six: Recordkeeping, Reporting, Posting and Policies*

### **RECORDKEEPING, REPORTING AND POSTING .....SECTION SIX**

<a href="#">170-296A-2000</a>	Recordkeeping — Records available to the department.
<a href="#">170-296A-2025</a>	Child records — Confidentiality.
<a href="#">170-296A-2050</a>	Child records — Contents.
<a href="#">170-296A-2075</a>	Licensee and staff records.

<a href="#">170-296A-2100</a>	Required records for household members.
<a href="#">170-296A-2125</a>	Child attendance records — Staff to child ratio records.
<a href="#">170-296A-2126</a>	Electronic attendance records — Records retention.
<a href="#">170-296A-2150</a>	Facility records.
<a href="#">170-296A-2175</a>	Materials that must be posted.
<a href="#">170-296A-2200</a>	Reporting incidents to 911 (emergency services).
<a href="#">170-296A-2225</a>	Reporting incidents to Washington poison center.
<a href="#">170-296A-2250</a>	Reporting incidents to a child's parent or guardian and the department.
<a href="#">170-296A-2275</a>	Other incident reporting to the department.
<a href="#">170-296A-2300</a>	Reporting to DSHS children's administration intake.
<a href="#">170-296A-2325</a>	Reporting notifiable condition to health department.
<a href="#">170-296A-2350</a>	Policies.
<a href="#">170-296A-2375</a>	Parent/guardian policies (handbook).
<a href="#">170-296A-2400</a>	Program/operations policies.
<a href="#">170-296A-2425</a>	Staff policies.
<a href="#">170-296A-2450</a>	Off-site activity policy.



# Summary of WACs by Section and Topic

<b>FHCC – WACs In Numerical Order</b>	<b>Guide Section and Topic (associated with the WACs)</b>
WAC <a href="#">170-296A-1000</a> / <a href="#">-1650</a>	<b>Section One</b> Licensing Process
WAC <a href="#">170-296A-1700</a> / <a href="#">-1975</a>	<b>Section Two</b> Staff Qualifications
WAC <a href="#">170-296A-2000</a> / <a href="#">-2450</a>	<b>Section Six (see also policies and plans)</b> Recordkeeping, Reporting/Posting
WAC <a href="#">170-296A-2525</a> / <a href="#">-3050</a> WAC <a href="#">170-296A-3200</a> / <a href="#">-4100</a>	<b>Section Five</b> Fire and Emergency Preparedness Health
WAC <a href="#">170-296A-4200</a> / <a href="#">-4750</a> WAC <a href="#">170-296A-4800</a> / <a href="#">-4900</a> WAC <a href="#">170-296A-4925</a> / <a href="#">-5250</a> WAC <a href="#">170-296A-5400</a> / <a href="#">-5850</a>	<b>Section Four</b> Indoor Environment Pets/Other Animals Outdoor Environment Supervision, Capacity and Ratio
WAC <a href="#">170-296A-6000</a> / <a href="#">-6275</a> WAC <a href="#">170-296A-6400</a> / <a href="#">-6850</a> WAC <a href="#">170-296A-7000</a> / <a href="#">-7375</a> WAC <a href="#">170-296A-7500</a> / <a href="#">-7750</a>	<b>Section Three</b> Nurture and Guidance Program Infant Care Food Service and Nutrition
<b>FHCC - WACs Associated with Policies and Plans</b>	<b>Policies and Plans</b>
WAC <a href="#">170-296A-2375</a>	Parent/Guardian Policies
WAC <a href="#">170-296A-2400</a>	Program/Operations Policies
WAC <a href="#">170-296A-2425</a>	Staff Policies
WAC <a href="#">170-296A-2450</a>	Off - Site Activity Policy
WAC <a href="#">170-296A-3200</a>	Health Plan
WAC <a href="#">170-296A-5775</a>	Licensee Absence
WAC <a href="#">170-296A-6850</a>	Overnight Care

## For more information

To read more laws and rules documents, go to: [www.del.wa.gov/publications/laws](http://www.del.wa.gov/publications/laws)





# Contents by Topic

You will find this book's contents listed by topic on [page vi](#) of this book's introductory pages.





# DEL Licensing Forms and Resources

## *Washington State Resources for the Licensing Process The Department of Early Learning (DEL)*

### **LAWS, RULES AND FREQUENTLY REQUESTED INFORMATION**

#### **DEL - Child Care Licensing Laws Rules**

- [www.del.wa.gov/laws/rules/licensing.aspx](http://www.del.wa.gov/laws/rules/licensing.aspx)
- [apps.leg.wa.gov/WAC/default.aspx?cite=170](http://apps.leg.wa.gov/WAC/default.aspx?cite=170)
- [www.del.wa.gov/publications/laws](http://www.del.wa.gov/publications/laws)

#### **DEL - Contact Information for DEL Offices**

- [www.del.wa.gov/about/contact.aspx](http://www.del.wa.gov/about/contact.aspx)
- [At this web link you will also find:](#)
- List of who to alert in event of licensee, staff, or FHCC household member's probationary status
- Licensing Orientation Session Information

#### **DEL - Complaint Investigation**

- [www.del.wa.gov/care/about/complaints.aspx](http://www.del.wa.gov/care/about/complaints.aspx)

#### **DEL General Licensed Child Care Forms and Documents**

Download Forms:

[www.del.wa.gov/publications/licensing](http://www.del.wa.gov/publications/licensing)

- After going to the web link for "General Licensed Child Care Forms," Scroll down and download any of the following forms, and check for new forms which will be added at this website, titled as:

#### **Non-expiring License Forms: Non-expiring licenses went into effect July 22, 2011.**

- Fast facts about non-expiring licenses
- Declaration of Compliance
- Background Check List for Family Homes

#### **Background Check Form This should reference to MERIT instead of a form**

- Background check form for child care workers.

#### **Certificate of Immunization Status Form**

- Washington State Department of Health Certificate of Immunization Status form.

#### **Certificate of Exemption**

- For Child Immunization Requirement

#### **Child Care Agreement Forms**

- Financial agreement
- Child Care Agreement

#### **Child Care Registration Form**

##### **Daily Attendance Records**

- Attendance record form for child care facilities.

#### **Fire Safety**

- FH safety record and evacuation plan form.

#### **Child Injury/Incident Report**

##### **Proposed Capacity Determination**

- Form to calculate licensed capacity.

#### **Reconsideration Request Form**

- Form for requesting review for suitability to have unsupervised access to children in licensed child care after past disqualification.

#### **(3) DEL - Licensing Forms and Documents for FHCC Providers**

- [www.del.wa.gov/publications/licensing](http://www.del.wa.gov/publications/licensing)

## DOWNLOAD FORMS

After going to the “DEL Licensing Forms and Documents for Providers” weblink, scroll down the page until you find the Family Home Child Care forms. Download any of the forms you need, titled as the follows:

- **Family Home Liability Insurance Exemption:** A form regarding insurance status.
- **Family Home Licensing Application:** Licensing Checklist form for Family Home Child Care. You must attend a DEL orientation before submitting a licensing application.
- **Family Home Full Checklist:** Full licensing checklist form for Family Home Child Care.
- **Family Home Monitoring Checklist:** Abbreviated licensing checklist form for Family Home Child Care monitoring visits.
- **Family Home Permission Authorization:** Parent/guardian permission authorization form for family home child care.
- **Family Home Probation Notification Letter to Parents from Provider:** Parent/guardian permission authorization form for family home child care.
- **Family Home Provider/Assistant Resume Form:** Provider/assistant resume form for family home child care.
- **Family Home Request to Change Capacity:** Family child care capacity change request form.
- **Family Home Plan to Meet the Special Needs of an Individual Child:** Form to request a special needs accommodation for a child in care.
- **Family Home Written Plan for Bodies of Water:** Plan for bodies of water outside or near licensed space.
- **Family Home Written Plan for Dangerous or Aggressive Pet or Animal:** Plan for keeping dangerous or aggressive pets or animals inaccessible to children.
- **Family Home Written Plan for Licensee Absence:** Staffing plan during licensee’s absence.
- **Family Home Multiple Licenses Request Form:** Form to request multiple family home licenses.
- **Family Home Off-Site Permission Authorization for Occasional Trips:** Form for parents or guardians to grant permission for off-site trips.
- **Family Home Inspection of Fireplaces, Wood Stoves, or Similar Wood-Burning Heating Devices:** Compliance form for use of fireplaces, wood stoves, or similar wood-burning heating devices.
- **Family Home Request for Fire Department Visit:** Form for requesting fire department visit.
- **Family Home Declaration of Items in Unlicensed Space:** Form to declare certain items in unlicensed space in the family home.
- **Family Home Medication Log:** Form to log medication use for individual child in care.
- **Family Home Medication Permission Form:** Form to obtain permission from parent or guardian to administer medication.
- **Family Home No Social Security Card Declaration Form:** Form to declare the licensing applicant does not have a Social Security card.
- **Family Home Overnight Care Request:** Form to request approval to provide overnight care.

- **Family Home Safety Record and Evacuation Plan:** Form to track monthly fire drill record, smoke and carbon monoxide detector record and quarterly disaster drills.

**(4) DEL Professional Development Resources**

- **Career Lattice** [www.del.wa.gov/requirements/professional/lattice.aspx](http://www.del.wa.gov/requirements/professional/lattice.aspx)
- **Core Competencies** [www.del.wa.gov/requirements/professional/core.aspx](http://www.del.wa.gov/requirements/professional/core.aspx)
- **STARS and MERIT Forms**
  - Go to: [www.del.wa.gov/publications/licensing](http://www.del.wa.gov/publications/licensing)
  - Scroll down to “STARS and MERIT Forms” and click on the link to find:
  - MERIT Provider Manual



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# Websites by Topic Areas

## *Business of Child Care*

### **Access Washington**

[access.wa.gov/business](http://access.wa.gov/business)

### **Child Care Aware: 12 Tips to Market Your Child Care Program**

[ccapub.childcareaware.org/docs/pubs/201e.pdf](http://ccapub.childcareaware.org/docs/pubs/201e.pdf)

### **Child Care Subsidies: A Guide for Licensed and Certified Family Home Child Care Providers**

[www.del.wa.gov/publications/subsidy/docs/FHCC\\_subsidy\\_guide.pdf](http://www.del.wa.gov/publications/subsidy/docs/FHCC_subsidy_guide.pdf)

### **First Children's Finance**

[www.firstchildrensfinance.org](http://www.firstchildrensfinance.org)

### **IRS – US Internal Revenue Service**

[www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Self-Employed-Individuals-Tax-Center](http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Self-Employed-Individuals-Tax-Center)

### **Redleaf Press – Refer to Family Home Child Care** [redleafpress.org](http://redleafpress.org)

Note: FHCC providers in Washington State repeatedly suggested resources to run the business aspects of family child from author Tom Copeland. You may prefer other sources.

### **SBA.gov: Thinking About Starting a Business?**

[www.sba.gov/content/follow-these-steps-starting-business](http://www.sba.gov/content/follow-these-steps-starting-business)

### **SBA.gov. U.S. Small Business Administration**

[www.sba.gov](http://www.sba.gov)

### **Tom Copeland's Taking Care of Business**

[tomcopelandblog.typepad.com/tom-copelands-taking-car/toms-books.html](http://tomcopelandblog.typepad.com/tom-copelands-taking-car/toms-books.html)

### **Think Small: Leaders in Early Learning**

[www.thinksmall.org](http://www.thinksmall.org)

### **U.S. Government Child Care Information**

[www.childcare.gov](http://www.childcare.gov)

### **U.S. Small Business Administration FAQ's: Frequently Asked Questions**

[web.sba.gov/faqs/faqindex.cfm?areaID=24](http://web.sba.gov/faqs/faqindex.cfm?areaID=24)

### **Washington Small Business Development Center**

[www.wsbdc.org](http://www.wsbdc.org)

### **Washington Small Business Development Center Spanish Resources**

[www.wsbdc.org/spanish-resources](http://www.wsbdc.org/spanish-resources)

### **Washington State Business Licensing Service**

[bls.dor.wa.gov/file.aspx](http://bls.dor.wa.gov/file.aspx)

## *Child Development and Learning*

### **Center for Child and Human Development**

[gucchd.georgetown.edu/67211.html](http://gucchd.georgetown.edu/67211.html)

### **Center on the Developing Child**

[developingchild.harvard.edu/index.php/activities/council](http://developingchild.harvard.edu/index.php/activities/council)

### **Center on the Social and Emotional Foundations for Learning**

[csefel.vanderbilt.edu](http://csefel.vanderbilt.edu)

### **Developmental Milestones**

[www.cdc.gov/ncbddd/actearly/milestones](http://www.cdc.gov/ncbddd/actearly/milestones)

### **Erikson TEC Center**

[teccenter.erikson.edu](http://teccenter.erikson.edu)

**Fred Rogers Center for Early Learning and Children's Media**

[www.fredrogerscenter.org](http://www.fredrogerscenter.org)

**Infant and Early Childhood Conference**

[www.ieccwa.org](http://www.ieccwa.org)

**PAVE: Partnerships for Action, Voices for Empowerment**

[www.wapave.org/iteip/webinars.asp](http://www.wapave.org/iteip/webinars.asp)

**Talaris Research Institute**

[www.talaris.org/](http://www.talaris.org/)

**Washington State Early Learning and Development Guidelines**

[www.del.wa.gov/development/guidelines/default.aspx](http://www.del.wa.gov/development/guidelines/default.aspx)

[www.del.wa.gov/publications/development/docs/guidelines.pdf](http://www.del.wa.gov/publications/development/docs/guidelines.pdf)

**Washington State Family Child Care Association**

[www.wsfcca.com](http://www.wsfcca.com)

**Zero to Three**

[www.zerotothree.org/child-development/sleep/tips-and-tools-1.html](http://www.zerotothree.org/child-development/sleep/tips-and-tools-1.html)

## *Disaster Planning*

**Coping with Disasters**

[naeyc.org/newsroom/Resources\\_on\\_coping\\_with\\_disasters#Disaster\\_Planning](http://naeyc.org/newsroom/Resources_on_coping_with_disasters#Disaster_Planning)

**Disaster and Emergency Preparedness Resources**

[www.kingcounty.gov/healthservices/health/child/childcare/preparedness.aspx](http://www.kingcounty.gov/healthservices/health/child/childcare/preparedness.aspx)

## *Diversity: Positive Identity (Culture, Language, and More) Development*

**Celebrating Cultural Diversity through Children's Literature**

[www.multiculturalchildrenslit.com](http://www.multiculturalchildrenslit.com)

**Center for Linguistic and Cultural Democracy**

[www.culturaldemocracy.org/programs.html](http://www.culturaldemocracy.org/programs.html)

**National Association for Bilingual Education**

[www.nabe.org](http://www.nabe.org)

**National Association for Multicultural Education**

[www.nameorg.org](http://www.nameorg.org)

**Quality Benchmark for Cultural Competence Project**

[www.naeyc.org/files/naeyc/file/policy/state/QBCC\\_Tool.pdf](http://www.naeyc.org/files/naeyc/file/policy/state/QBCC_Tool.pdf)

**Respecting Ethnic and Cultural Diversity (REACH)**

[www.reachctr.org](http://www.reachctr.org)

## *Diversity: Inclusion and Children with Special Needs*

**The ABCs of IEPs**

[eclkc.ohs.acf.hhs.gov/hslc/hs/resources/video/iep%20video%20clips/theabcofiep.htm](http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/video/iep%20video%20clips/theabcofiep.htm)

**ADA National Network**

[www.adata.org/Static/Home.aspx](http://www.adata.org/Static/Home.aspx)

**American Foundation for the Blind**

[afb.org](http://afb.org)

**Autism Outreach Project—Northwest Educational Service District 189**

[www.nwesd.org/autism](http://www.nwesd.org/autism)

**Autism Society**

[www.autism-society.org](http://www.autism-society.org)

### **Building Inclusive Child Care**

[www.northampton.edu/](http://www.northampton.edu/)

[Early-Childhood-Education/Partnerships/  
Building-Inclusive-Child-Care.htm](http://www.northampton.edu/Early-Childhood-Education/Partnerships/Building-Inclusive-Child-Care.htm)

### **The Center for Children with Special Needs – Seattle’s Children’s Hospital**

[cshcn.org](http://cshcn.org)

### **Children and Adults with Attention Deficit / Hyperactivity Disorder**

[www.chadd.org](http://www.chadd.org)

### **Commonly Asked Questions about Child Care Centers and the Americans with Disabilities Act**

[www.ada.gov/childq&a.htm](http://www.ada.gov/childq&a.htm)

### **Council for Exceptional Children**

[www.cec.sped.org](http://www.cec.sped.org)

### **Early Support for Infants and Toddlers**

[del.wa.gov/development/esit/Default.aspx](http://del.wa.gov/development/esit/Default.aspx)

### **Head Start Center for Inclusion—Supporting Early Literacy**

[depts.washington.edu/hscenter/family-literacy-1](http://depts.washington.edu/hscenter/family-literacy-1)

### **Inclusion Matters podcast series**

[www.inclusivechildcare.org/podcast.cfm#10](http://www.inclusivechildcare.org/podcast.cfm#10)

### **Literacy Instruction for Individuals with Autism, Cerebral Palsy, Down Syndrome and Other Disabilities**

[aacliteracy.psu.edu](http://aacliteracy.psu.edu)

### **National Council on Disability**

[www.ncd.gov](http://www.ncd.gov)

### **National Dissemination Center for Children with Disabilities**

[nichcy.org](http://nichcy.org)

### **The National Early Childhood Technical Assistance Center: Inclusion in Least Restrictive Environments**

[www.nectac.org/topics/inclusion/default.asp](http://www.nectac.org/topics/inclusion/default.asp)

### **Office of Superintendent of Public Instruction – Special Education**

[www.k12.wa.us/SpecialEd](http://www.k12.wa.us/SpecialEd)

### **A Thinking Guide to Inclusive Child Care**

[www.disabilityrightswi.org/](http://www.disabilityrightswi.org/)

[wp-content/uploads/2008/02/  
thinking-guide-to-inclusive-child-care.pdf](http://www.disabilityrightswi.org/wp-content/uploads/2008/02/thinking-guide-to-inclusive-child-care.pdf)

### **Washington State Department of Health: Autism**

[www.doh.wa.gov/YouandYourFamily/  
IllnessandDisease/Autism.aspx](http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Autism.aspx)

### **Washington Department of Health: Early Hearing Loss Resources**

[www.doh.wa.gov/cfh/mch/genetics/ehddi/](http://www.doh.wa.gov/cfh/mch/genetics/ehddi/)

### **Washington State Department of Services for the Blind**

[www.dsb.wa.gov](http://www.dsb.wa.gov)

## *Families*

### **Council for Children and Families Washington**

[www.dec-sped.org](http://www.dec-sped.org)

### **Family TLC: Tools to Enhance the Parent/Child Relationship**

[www.familytlc.net/](http://www.familytlc.net/)

### **NAEYC For Families**

[www.naeyc.org/families/](http://www.naeyc.org/families/)

### **Parent Help 1, 2, 3**

[www.parenthelp123.org](http://www.parenthelp123.org)

### **Parent Further**

[www.mediafamily.org](http://www.mediafamily.org)

### **Parent Trust for Washington Children**

[www.parenttrust.org](http://www.parenttrust.org)

### **Social Security: Information for Kids and Families**

[www.ssa.gov/kids/parent2.htm](http://www.ssa.gov/kids/parent2.htm)

### **Washington State Family Policy Council**

[www.fpc.wa.gov](http://www.fpc.wa.gov)



## *Health and Safety*

**American Association of Poison Control Centers**  
[www.aapcc.org/](http://www.aapcc.org/)

**American Academy of Pediatrics**  
[www.aap.org](http://www.aap.org)

**Bright Futures**  
[brightfutures.aap.org/  
practice\\_guides\\_and\\_other\\_resources.html](http://brightfutures.aap.org/practice_guides_and_other_resources.html)

**California Childcare Health Program**  
[www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

**Caring for Our Children: National Health and Safety Performance Standards--Guidelines for Early Care and Education Programs, 3<sup>rd</sup> Edition**  
[nrckids.org/CFOC3](http://nrckids.org/CFOC3)

**Center for the Study of Social Policy**  
[www.strengtheningfamilies.net](http://www.strengtheningfamilies.net)

**Center for Training and Research Translation**  
[centertrt.org/](http://centertrt.org/)

**Centers for Disease Control**  
[www.cdc.gov](http://www.cdc.gov)

**Child Care Aware Publications**  
[www.naccrra.org/publications/  
naccrrapublications/publications/  
8960503\\_Disaster\\_Report-SAVE\\_MECH.pdf](http://www.naccrra.org/publications/naccrrapublications/publications/8960503_Disaster_Report-SAVE_MECH.pdf)

**Child Care Health Program—Seattle & King County**  
[www.kingcounty.gov/health/childcare](http://www.kingcounty.gov/health/childcare)

**Child Welfare Information Gateway**  
[www.childwelfare.gov](http://www.childwelfare.gov)

**Communicable Disease Letters for Families**  
[www.kingcounty.gov/healthservices/health/child/  
childcare/CDletters.aspx](http://www.kingcounty.gov/healthservices/health/child/childcare/CDletters.aspx)

**The Dirty Dozen: 12 Playground Hazards**  
[www.americasbackyard.org/uploadedFiles/  
Americas\\_Backyard/DirtyDozen\\_Final.pdf](http://www.americasbackyard.org/uploadedFiles/Americas_Backyard/DirtyDozen_Final.pdf)

**Electrical Safety Foundation International: Holiday Safety**  
[esfi.org/index.cfm/event/holidaySafety/pid/11990](http://esfi.org/index.cfm/event/holidaySafety/pid/11990)

**Ethnomed: Integrating Cultural Information into Clinical Practice**  
[ethnomed.org](http://ethnomed.org)

**Head Start: Early Childhood Learning and Knowledge Center**  
[eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Nutrition/  
Nutrition%20Program%20Staff/IMIL/  
IamMovingIam.htm](http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Nutrition/Nutrition%20Program%20Staff/IMIL/IamMovingIam.htm)

**Health House**  
[www.healthhouse.org](http://www.healthhouse.org)

**Healthy Child Care America**  
[www.healthychildcare.org/bfutures.html](http://www.healthychildcare.org/bfutures.html)

**Housecleaning Tips**  
[www.housecleaning-tips.com](http://www.housecleaning-tips.com)

**How to Report Child Abuse or Neglect**  
[www.dshs.wa.gov/ca/safety/abuserreport.asp](http://www.dshs.wa.gov/ca/safety/abuserreport.asp)

**An Introduction to Plants in the Classroom**  
[www.usask.ca/education/coursework/  
mcvittiej/resources/livingthings/plants.htm](http://www.usask.ca/education/coursework/mcvittiej/resources/livingthings/plants.htm)

**Learning, Lighting and Color**  
[www.designshare.com/articles/1/133/  
fielding\\_light-learn-color.pdf](http://www.designshare.com/articles/1/133/fielding_light-learn-color.pdf)

**List of Notifiable Conditions**  
[www.doh.wa.gov/  
PublicHealthandHealthcareProviders/  
NotifiableConditions/  
ListofNotifiableConditions.aspx](http://www.doh.wa.gov/PublicHealthandHealthcareProviders/NotifiableConditions/ListofNotifiableConditions.aspx)

**Noise and Its Affect on Children**  
[www.epa.gov/air/noise/  
ochnoise\\_fs\\_rev1.pdf](http://www.epa.gov/air/noise/ochnoise_fs_rev1.pdf)

**National Fire Protection Association**  
[www.nfpa.org](http://www.nfpa.org)

**National Resource Center for Health and Safety in Child Care and Early Education**  
[www.healthykids.us](http://www.healthykids.us)

**Non-Swimming Water Activities for Children**  
[www.nhwatersafety.com/  
additionalresources.htm](http://www.nhwatersafety.com/additionalresources.htm)

**Parent's Checklist for Good Dental Health Practices in Child Care**  
[nrckids.org/dentalchecklist.pdf](http://nrckids.org/dentalchecklist.pdf)

**Preventing Childhood Obesity in Early Care and Education Programs**  
[nrckids.org/CFOC3/PDFVersion/  
preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf)

**Product Safety Notices and Recalls**  
[www.del.wa.gov/development/safety/  
recalls.aspx](http://www.del.wa.gov/development/safety/recalls.aspx)  
[www.recalls.gov](http://www.recalls.gov)

**Put Your Medicines Up and Away and Out of Sight**  
[www.upandaway.org/](http://www.upandaway.org/)

**Recalls and Product Safety News**  
[www.cpsc.gov/cpsc/pub/prerel/prerel.html](http://www.cpsc.gov/cpsc/pub/prerel/prerel.html)

**Reporting Notifiable Conditions**  
[www.doh.wa.gov/  
PublicHealthandHealthcareProviders/  
NotifiableConditions/HowToReport.aspx](http://www.doh.wa.gov/PublicHealthandHealthcareProviders/NotifiableConditions/HowToReport.aspx)

**Safe Kids USA**  
[www.safekids.org/](http://www.safekids.org/)

**A Summary of Accessibility Guidelines for Play Areas**  
[www.access-board.gov/play/guide/intro.htm](http://www.access-board.gov/play/guide/intro.htm)

**Traffic Safety Facts**  
[www-nrd.nhtsa.dot.gov/pubs/811157.pdf](http://www-nrd.nhtsa.dot.gov/pubs/811157.pdf)

**Washington Apple Health for Kids**  
[hrsa.dshs.wa.gov/applehealth/](http://hrsa.dshs.wa.gov/applehealth/)

**Washington Dental Service Foundation**  
[www.KidsOralHealth.org](http://www.KidsOralHealth.org)

**Washington State Department of Health: Immunization**  
[www.doh.wa.gov/YouandYourFamily/  
Immunization.aspx](http://www.doh.wa.gov/YouandYourFamily/Immunization.aspx)

**Washington State Department of Health: School and Child Care Immunization**  
[www.doh.wa.gov/CommunityandEnvironment/  
Schools/Immunization.aspx](http://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization.aspx)

**Washington State Department of Social and Health Services -Children's Administration**  
[www.dshs.wa.gov/ca](http://www.dshs.wa.gov/ca)

**Window Covering Information**  
[www.cpsc.gov/info/wincover/index.html](http://www.cpsc.gov/info/wincover/index.html)

**Within Reach: Essential Resources for Family Health**  
[www.withinreachwa.org](http://www.withinreachwa.org)

## *Literacy and Language Development and Learning*

**Books, Nooks & Literacy Hooks**  
[www.earlyliteracylearning.org/  
books\\_nooks\\_literacy\\_hooks.php](http://www.earlyliteracylearning.org/books_nooks_literacy_hooks.php)

**Center for Early Literacy Learning**  
[www.earlyliteracylearning.org](http://www.earlyliteracylearning.org)

**The Cognitive Consequences of Early Bilingualism**  
[www.zerotothree.org/site/DocServer/  
29-2\\_Yoshida.pdf?docID=6821](http://www.zerotothree.org/site/DocServer/29-2_Yoshida.pdf?docID=6821)

**Colorado Department of Education Results Matter Video Library: Aurelius Reading at Naptime**  
[www.cde.state.co.us/resultsmatter/  
RMVideoSeries\\_UsingTechnology.htm#top](http://www.cde.state.co.us/resultsmatter/RMVideoSeries_UsingTechnology.htm#top)

**¡Colorín Colorado!**  
[www.colorincolorado.org](http://www.colorincolorado.org)

**CONNECT: The Center to Mobilize Early Childhood Knowledge, Module 6: Dialogic Reading Practice**  
[community.fpg.unc.edu/  
connect-modules/learners/module-6](http://community.fpg.unc.edu/connect-modules/learners/module-6)



**Get in Step with Responsive Teaching**

[www.earlyliteracylearning.org/  
get\\_in\\_step\\_with\\_resp\\_teach.php](http://www.earlyliteracylearning.org/get_in_step_with_resp_teach.php)

**Illinois Early Learning Project: Early Learning Benchmark Videos**

[illinoisearlylearning.org/videos/index.htm](http://illinoisearlylearning.org/videos/index.htm)

**Making Room for Literacy**

[www.earlyliteracylearning.org/  
make\\_room\\_for\\_lit.php](http://www.earlyliteracylearning.org/make_room_for_lit.php)

**National Center on Cultural and Linguistic Responsiveness--Early Childhood Learning and Knowledge Center**

[eclkc.ohs.acf.hhs.gov/hslc/tta-system/  
cultural-linguistic](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic)

**Reading Rockets: Videos and Podcasts**

[www.readingrockets.org/podcasts](http://www.readingrockets.org/podcasts)

**Washington Learning Systems: Resources for Preschoolers**

[www.walearning.com/resources/preschool/](http://www.walearning.com/resources/preschool/)

**Washington Public Libraries**

[www.publiclibraries.com/washington.htm](http://www.publiclibraries.com/washington.htm)

## *Nutrition*

**Child and Adult Care Food Program**

[www.k12.wa.us/ChildNutrition/Programs/CACFP/  
Training.aspx](http://www.k12.wa.us/ChildNutrition/Programs/CACFP/Training.aspx)

**Child Nutrition: Family Day Care Home Manual**

[www.k12.wa.us/ChildNutrition/  
FDCHmanual.aspx](http://www.k12.wa.us/ChildNutrition/FDCHmanual.aspx)

**Choose My Plate**

[www.choosemyplate.gov](http://www.choosemyplate.gov)

**The Food Allergy and Anaphylaxis Network**

[www.foodallergy.org](http://www.foodallergy.org)

**Food Allergy Books for Kids**

[www.safefoodforme.com](http://www.safefoodforme.com)

**Healthy Eating for Kids**

[www.kingcounty.gov/healthservices/health/  
nutrition/kids.aspx](http://www.kingcounty.gov/healthservices/health/nutrition/kids.aspx)

**I Am Moving, I Am Learning--Head Start: Early Childhood Learning and Knowledge Center**

[eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Nutrition/  
Nutrition%20Program%20Staff/IMIL/  
IamMovingIam.htm](http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Nutrition/Nutrition%20Program%20Staff/IMIL/IamMovingIam.htm)

**Kids with Food Allergies**

[community.kidswithfoodallergies.org](http://community.kidswithfoodallergies.org)

**Office of Superintendent of Public Instruction: Child and Adult Care Food Program**

[www.k12.wa.us/ChildNutrition/Programs/CACFP/  
Training.aspx](http://www.k12.wa.us/ChildNutrition/Programs/CACFP/Training.aspx)

**Overweight and Obesity**

[www.cdc.gov/obesity/](http://www.cdc.gov/obesity/)

**United States Department of Agriculture**

[www.usda.gov](http://www.usda.gov)

**USDA Food and Nutrition Service Child & Adult Food Care Program**

[www.fns.usda.gov/cnd/care](http://www.fns.usda.gov/cnd/care)

## *Observation and Assessment of Young Children*

**Colorado Department of Education Results Matter Video Library: Authentic Assessment in Early Intervention**

[www.cde.state.co.us/media/ResultsMatter/  
RMSeries/AuthenticAssessInEI\\_SA.asp](http://www.cde.state.co.us/media/ResultsMatter/RMSeries/AuthenticAssessInEI_SA.asp)

**Colorado Department of Education Results Matter Video Library: Documentation as a Habit**

[www.cde.state.co.us/media/resultsmatter/  
RMSeries/DocumentationAsAHabit\\_SA.asp](http://www.cde.state.co.us/media/resultsmatter/RMSeries/DocumentationAsAHabit_SA.asp)

### Colorado Department of Education Results Matter Video Library: Linking Documentation and Curriculum

[www.cde.state.co.us/media/  
resultsmatter/RMSeries/  
LinkingDocumentationAndCurriculum\\_SA.asp](http://www.cde.state.co.us/media/resultsmatter/RMSeries/LinkingDocumentationAndCurriculum_SA.asp)

### Colorado Department of Education Results Matter Video Library: Observation and Documentation

[www.cde.state.co.us/resultsmatter/  
RMVideoSeries.htm#01](http://www.cde.state.co.us/resultsmatter/RMVideoSeries.htm#01)

### Colorado Department of Education Results Matter Video Library: Using Documentation at Emerald Preschool

[www.cde.state.co.us/media/resultsmatter/  
RMSeries/UsingDocumentationAtEmerald-  
Preschool\\_SA.asp](http://www.cde.state.co.us/media/resultsmatter/RMSeries/UsingDocumentationAtEmerald-Preschool_SA.asp)

### Colorado Department of Education Results Matter Video Library: Watching Video Documentation with Children

[www.cde.state.co.us/media/resultsmatter/  
RMSeries/WatchingVideoDocumentation-  
WithChildren\\_SA.asp](http://www.cde.state.co.us/media/resultsmatter/RMSeries/WatchingVideoDocumentation-WithChildren_SA.asp)

### NAEYC: Where We Stand on Assessing Young English Language Learners

[www.naeyc.org/files/naeyc/file/positions/  
WWSEnglishLanguageLearnersWeb.pdf](http://www.naeyc.org/files/naeyc/file/positions/WWSEnglishLanguageLearnersWeb.pdf)

### Screening and assessment of young English lan- guage learners

[www.naeyc.org/files/naeyc/file/positions/  
WWSEnglishLanguageLearnersWeb.pdf](http://www.naeyc.org/files/naeyc/file/positions/WWSEnglishLanguageLearnersWeb.pdf)

### Teachstone

[www.teachstone.org](http://www.teachstone.org)

### Videatives

[www.videatives.com](http://www.videatives.com)

## Physical Activity

### American Association for Physical Activity and Recreation

[www.aahperd.org/headstartbodystart/](http://www.aahperd.org/headstartbodystart/)

### Get Moving Today! Activity Calendar

[www.aahperd.org/headstartbodystart/  
activityresources/activityCalendar/upload/  
Cal\\_eng.pdf](http://www.aahperd.org/headstartbodystart/activityresources/activityCalendar/upload/Cal_eng.pdf)

### I Am Moving, I Am Learning

[eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Nutrition/  
Nutrition%20Program%20Staff/IMIL/  
IamMovingIam.htm](http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Nutrition/Nutrition%20Program%20Staff/IMIL/IamMovingIam.htm)

### Let's Move

[www.letsmove.gov](http://www.letsmove.gov)

## Program Planning – Curriculum

### Early Learning Project Resources

[illinoispip.org](http://illinoispip.org)  
[illinoispip.org/examples.html](http://illinoispip.org/examples.html)

## Professional Development

### Center of Excellence for Careers in Education

[www.careersined.org](http://www.careersined.org)

### Child Care Aware of Washington:

#### General Scholarships

[www.childcarenet.org/providers/scholarships/  
general-scholarship](http://www.childcarenet.org/providers/scholarships/general-scholarship)

### Council for Professional Recognition

[www.cdacouncil.org](http://www.cdacouncil.org)

**Early Achievers, Washington's quality rating and improvement system**

[www.del.wa.gov/publications/elac-qris/docs/EA\\_coach\\_framework.pdf](http://www.del.wa.gov/publications/elac-qris/docs/EA_coach_framework.pdf)  
[www.del.wa.gov/care/qris](http://www.del.wa.gov/care/qris)

**Red Cross – Find local health trainings**

[www.redcross.org](http://www.redcross.org)

**Washington State Board for Community and Technical Colleges**

[www.sbctc.ctc.edu/general/c\\_index.aspx](http://www.sbctc.ctc.edu/general/c_index.aspx)

## *Professional Early Learning Organizations*

**American Academy of Pediatrics**

[www.aap.org/](http://www.aap.org/)

**Association for Early Learning Leaders**

[www.naccp.org](http://www.naccp.org)

**Center for the Child Care Workforce**

[www.ccw.org](http://www.ccw.org)

**Child Care Aware of America**

[www.naccrra.org](http://www.naccrra.org)

**Child Care in Health Care**

[www.childcareinhealthcare.org](http://www.childcareinhealthcare.org)

**Child Welfare League of America**

[www.cwla.org](http://www.cwla.org)

**The Early Care and Education Consortium**

[www.ececonsortium.org](http://www.ececonsortium.org)

**Foundation for Early Learning**

[www.earlylearning.org](http://www.earlylearning.org)

**NAEYC Position Statements**

[www.naeyc.org/positionstatements](http://www.naeyc.org/positionstatements)

**National Association for Family Child Care**

[www.nafcc.org](http://www.nafcc.org)

**National Association for the Education of Young Children**

[www.naeyc.org](http://www.naeyc.org)

**National Association for Regulatory Administration**

[www.naralicensing.org](http://www.naralicensing.org)

**National Child Care Association**

[www.nccanet.org](http://www.nccanet.org)

**National Early Childhood Technical Assistance Center**

[www.nectac.org](http://www.nectac.org)

**National Network for Child Care**

[www.nncc.org](http://www.nncc.org)

**National Resource Center for Health and Safety in Child Care and Early Education**

[nrckids.org](http://nrckids.org)

**SEIU Local 925: Early Learning**

[www.seiu925.org/category/early-learning](http://www.seiu925.org/category/early-learning)

**Schools Out Washington**

[schoolsoutwashington.org/index.htm](http://schoolsoutwashington.org/index.htm)

**Thrive by Five Washington**

[www.thrivebyfivewa.org](http://www.thrivebyfivewa.org)

**Zero to Three: National Center for Infants, Toddlers and Families**

[www.zerotothree.org](http://www.zerotothree.org)

# Abbreviations, Glossary and Definitions

Licensing definitions – see: Section One

## ABBREVIATIONS

- **CDC:** Centers for Disease Control and Prevention
- **CSHEL:** Coalition for Safety and Health in Early Learning
- **DEL:** Washington State Department of Early Learning
- **ELL:** English language learners
- **ESIT:** Early Support for Infants and Toddlers
- **FRC:** Family Resources Coordinator
- **IDEA:** Individuals with Disabilities Education Act
- **IFSP:** Individualized Family Service Plan
- **LEP:** limited English proficient
- **NAEYC:** National Association for the Education of Young Children
- **OSPI:** Office of Superintendent of Public Instruction
- **PAVE:** Partnerships for Action Voices for Empowerment
- **WaKIDS:** Washington Kindergarten Inventory of Developing Skills

## GLOSSARY

\*Terms reprinted from the *Washington State Early Learning and Development Guidelines* (2012, pp. 127-128)

- **Cognition\*:** The act or process of knowing, including awareness, judgment, logic and reasoning. In some work on early learning, the area of cognition also includes mathematics, science, social studies, community and culture, and creative arts.
- **Culture\*:** The unique collection of beliefs, practices, traditions, values, world views and histories that characterize a group of people. Culture is expressed in patterns of language, behavior, customs, attitudes and practices. Members of a group absorb cultural knowledge by observing their elders and participating in activities of the group. Individuals and families may self-identify as part of a particular culture but may not follow all the practices and beliefs of that culture.
- **Development\*:** The process in which a child grows in such areas as social, emotional, cognitive, speech, physical growth and motor skills.
- **Developmental screening\*:** A brief, standardized and validated tool used to determine a child's level of development and growth, and to identify possible delays in development. Screening includes questions to see how the child learns, speaks, behaves and moves.
- **Dramatic play\*:** Engaging in pretend play or acting out a scene.
- **Dual language learners\*:** Children who are learning two or more languages at the same time. This term includes children who learn two or more languages from birth, and children who are still mastering their home language when they are introduced to and start learning a second language. This term includes several other terms: bilingual, English language learners (ELL), limited English proficient (LEP), and tribal language learners.
- **Early intervention\*:** Programs or services designed to meet the developmental needs of infants and toddlers (birth to age three) with disabilities and/or developmental delays, and their families, under the Individuals with Disabilities Education Act (IDEA), Part C.

- **Empathy\*:** The capacity to experience the same emotion that someone else is experiencing.
- **English language learners\*:** Children whose home language is other than English who are learning to become proficient in English. This instruction may take place in a variety of settings, including Sheltered English, bilingual or dual language.
- **Executive function\*:** The skills that help us remember and work with information, manage our impulses, plan, and respond appropriately to new and changing situations.
- **Fine motor skills\*:** The skill and ability to use the smaller muscles in the arms, hands and fingers. Examples include cutting with scissors, writing, painting, buttoning, molding clay, stirring, stacking blocks, using tools, using a pinching motion, etc.
- **Gross motor skills\*:** The skill and ability in moving and controlling large muscles to move the entire body or large portions the body. Examples include rolling over, walking, running, jumping and throwing a ball.
- **Home language\*:** The language a child acquires first in life or identifies with as a member of an ethnic group. It is sometimes called the first, native or primary language of the child.
- **Literacy\*:** The ability to read and understand written or printed materials and symbols, and to write, communicate and comprehend. “Literacy” may also refer to skills and behaviors that lead toward being able to read and write, such as awareness of print and understanding that it has meaning, matching rhyming words, turning book pages one at a time, and recognizing signs and symbols and their meanings.
- **Parent\*:** Includes anyone in a parental role with a child; for example, a mother, father, foster parents, adoptive parents, grandparents or other relatives who are responsible for raising a child, and guardians.
- **Sensorimotor skills\*:** The ability to use the senses (sight, hearing, smell, taste and touch) alone or in combination to guide motions. For example, an important sensorimotor skill is eye-hand coordination.
- **Special education\*:** Instruction, at no cost to the parents, that is specially designed to meet the unique needs of a student eligible because of disabilities, delays or other special needs. It includes instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings, along with instruction in physical education.
- **Teacher\*:** Includes anyone paid to teach children, whether in a child care center, child care family home, preschool, kindergarten, 1st, 2nd or 3rd grade classroom, after-school setting, or special education setting.

## LICENSING DEFINITIONS

The complete list of definitions used in FHCC licensing WACs, is reprinted at the end of Section One of this guide. The full list of DEL licensing definitions from WAC [170-296A-0010](https://www.wa.gov/laws/rules/licensing.aspx) is also available [www.del.wa.gov/laws/rules/licensing.aspx](https://www.del.wa.gov/laws/rules/licensing.aspx).